

A2547  
**ARMSTRONG**  
HUGH

123-A-99

# 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

## Section A—GENERAL INFORMATION

1. (a) Print name in full. ARMSTRONG, HUGH. (b) Reg'l. No. A 2547
2. (a) Arm of service. NAVY (b) Unit. RCNVR (c) Rank. STOKER
3. (a) Date of birth. 5-3-1903 (b) Have you any dependents? YES (c) Place of residence at time of enlistment. TORONTO
4. (a) Place of enlistment. TORONTO (b) Date of enlistment. 27-7-1940

PLEASE LEAVE BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school. 16. (b) Were you attending school or college up to the time of enlistment? No.
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 2 Year Technical School
7. If you attended a university, give name of university and standing or degree secured. No.
8. (a) Did you ever enter upon a trade apprenticeship? YES (b) If so, for what occupation? STATIONARY ENGINEER (c) Did you finish it? YES (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

15

## 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? STATIONARY DIESEL ENGINEER

## 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. DOBERTY, Mrs. CONNOR Address. TORONTO
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) MANUFACTURING
20. (a) Your specific occupation. ENGINEER (b) Number of years' experience at this occupation with any employer. 10
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?..... (c) Do you wish to return to your former employment? YES

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

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

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? YES (c) If so, in what kind of farming? MIXED
25. (a) Were you born on a farm? YES (b) How many years' actual farming experience have you had? 11 (c) In what provinces did you have experience? IRELAND

## 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.) No
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. ENGINEERING

DATE April 22nd 1941

SIGNATURE H. Armstrong



Copy To  
VWJ  
ES  
9-5-41



CANADA

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

DEFENCE  
JUL 24 1940  
N.S. 113-0286  
CANADA

### ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

P045969  
A2547

SURNAME ARMSTRONG OFFICIAL NO. ~~U2547~~

CHRISTIAN NAMES Hugh MARRIED, SINGLE or WIDOWER Married

| PERMANENT ADDRESS                        | RELIGION |
|------------------------------------------|----------|
| 43 Park Ave. Gleggrove P.O. N.York, Ont. | Anglican |

| DATE OF BIRTH | PLACE OF BIRTH                                     | NAME AND ADDRESS OF NEXT OF KIN                                              |
|---------------|----------------------------------------------------|------------------------------------------------------------------------------|
| Mar. 5, 1903  | Town Tempo<br>County Fermanagh<br>Province Ireland | Wife:<br>Jean Armstrong.<br>43 Park Ave. Gleggrove P.O.<br>North, York, Ont. |

#### PERSONAL DESCRIPTION ON ENROLMENT

| HEIGHT            | CHEST MEASUREMENT    | HAIR          | EYES  | COM-<br>PLEXION | WOUNDS, SCARS, MARKS |
|-------------------|----------------------|---------------|-------|-----------------|----------------------|
| Feet..... 5       | Inflated..... 37 1/2 | Dark<br>Brown | Brown | Med.            | Nil                  |
| Inches..... 3 3/4 | Deflated..... 35     |               |       |                 |                      |
|                   | Mean..... 36 1/4     |               |       |                 |                      |

| DATE OF ENROLMENT | RATING ENROLLING FOR | TRADE OR CALLING AND IN WHOSE EMPLOY            |
|-------------------|----------------------|-------------------------------------------------|
| July 12, 1940     | Stoker I             | Stationary Engineer<br>Dherty Mfg. Co. Toronto. |

#### (B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That \* (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

\* (b) I served in..... for the period shown, and attach my record of service, in corroboration of this statement.

\* Cross out Clause not applicable.

| SERVED IN | RANK  | FROM  | TO    |
|-----------|-------|-------|-------|
| -----     | ----- | ----- | ----- |

- (c) I have never been rejected from any of His Majesty's Forces on account of unfitness.
- (4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

Personnel Records Division.

1. Noted in Records *if*

2. Index Card *if*

3. Photo Card *if*

4. Statistical Card *if*

5. Roneo Strip *if*

6. Pension Card *if*

7. ....

8. ....

DATE July 30, 1940

*enter + draft*

*ms*

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

(a) To serve from the date thereof for three consecutive years, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

Dated this.....12th.....day of.....July, 1940.....

Signature of applicant.....*Hugh Armstrong*.....

(C) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this.....12th.....day of.....July, 1940.....

.....*R. C. Mackenzie*.....  
Signature of Commanding Officer.  
LIEUTENANT R. C. N. V. R.

(D) OATH OF ALLEGIANCE

I,.....Hugh Armstrong.....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.....*Hugh Armstrong*.....

Witness.....*R. C. Mackenzie*.....

Date.....July 12, 1940..... Rank.....LIEUTENANT R. C. N. V. R.....

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

.....Hugh Armstrong.....having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the.....TORONTO.....Division of the R.C.N.V.R.

.....*R. C. Sheelder*.....  
Commanding Officer.

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.



DUPLICATE

Can. B. 207

60M-4-40 (4636)  
N.S. 815-2-207

CANADA

Certificate of Medical Examination of Officers, Men and Boys  
NAVAL SERVICE OF CANADA  
(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined ARMSTRONG H.

‡ candidate for entry as STOKER  
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<br>Years<br>Months | (b) Weight without<br>Clothes<br>lbs. | (c) Height with Bare<br>Feet<br>ft. ins. | (d) General<br>Development | (e) Chest<br>Girth<br>inches<br>(a) maximum<br>(b) minimum<br>(c) mean | (f) Vision by—<br>(i) Snellen's Types<br>(ii) Colour Vision | (g) Vaccinated or revac-<br>cinated for Small<br>Pox<br>(Date) | (h) Lungs, Heart, etc.  | (i) Abdomen, Hernia,<br>etc. | (k) Limbs and Joints | (l) Skin | (m) Ears and Hearing | (n) Testes,<br>Varicocele, etc. | (o) Mouth, Teeth (No.<br>deficient and No.<br>defective, if any),<br>Nose, Tonsils, etc. | (p) Anus,<br>Hæmorrhoids, etc. |
|----------------------------|---------------------------------------|------------------------------------------|----------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|-------------------------|------------------------------|----------------------|----------|----------------------|---------------------------------|------------------------------------------------------------------------------------------|--------------------------------|
| 37-4                       | 122½                                  | 5' 3¾"                                   | Good                       | 37½<br>35½<br>36½                                                      | right eye<br>20/40<br>left eye<br>20/30<br>colour<br>vision | 1927                                                           | Normal<br>*X-Ray<br>off | Normal                       | Normal               | Normal   | Normal               | Normal                          | 6 Sufficient                                                                             | Normal                         |

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

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

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

*Hugh Armstrong*  
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.

*Surgeon Lieut. J. T. Pouch*  
**SURGEON LIEUT.**

IF REJECTED  
insert here  
UNFIT  
in block letters



Dated at TORONTO, ONT.

the 8 of July 19 40

*R 6/15*  
*L 6/15*  
*G.V. H. [Signature]*

*J. T. Pouch*  
Examining Medical Officer  
**SURGEON LIEUT. R. C. N. V. R.**  
(Rank)

## MEMORANDUM FOR

P. 64

Mrs. Jean Armstrong,

43 Park Avenue,

Glengrove P.O., North York, Ontario.

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

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

and the following number quoted:—

H.Q. NS 123-A-99 FD 301

9

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

January 6, 1944

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

Ldg. Stoker Hugh ARMSTRONG, No. A.2547

R. C. N. R.



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

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

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

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

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

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

HRW/JMcF

*H. Wade*  
(H.R. WADE) CDR.,  
for (L.M. Firth) Lt.-Col.,  
Administrator of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased 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.....                                                                                                     | JEAN ELIZABETH ARMSTRONG                                       | 34                        | 43 GLEN PARK TORONTO 10 ONT. CAN                                                                                  |
| 2                       | Children of the Deceased and dates of their Births..... 2                                                                      | ANNIE ARMSTRONG<br>MAY 14 - 1930<br>BORN IN TORONTO            | 13                        | DITTO                                                                                                             |
|                         |                                                                                                                                | HUGH ARMSTRONG<br>MAY 13 - 1934<br>BORN IN TORONTO             | 9                         | DITTO                                                                                                             |
| 3                       | Father of the Deceased.....                                                                                                    | DECEASED 19 FEB 1931                                           |                           | IRELAND                                                                                                           |
| 4                       | Mother of the Deceased.....                                                                                                    | DECEASED 8 JAN 1938                                            |                           | DITTO                                                                                                             |
| 5                       | Brothers of the Deceased                                                                                                       | Full Blood                                                     | 2                         | WILLIAM ARMSTRONG 38 R.C.N.R STOKER P.O.<br>ROBERT ARMSTRONG 35 IRELAND                                           |
|                         |                                                                                                                                | Half Blood                                                     |                           | NIL                                                                                                               |
| 6                       | Sisters of the Deceased                                                                                                        | Full Blood                                                     | 2                         | (MRS) ANNIE YOUNG 40 412 MONTROSE AVE TORONTO CAN<br>DONT KNOW MARRIED NAME OF SECOND SISTER<br>IRELAND           |
|                         |                                                                                                                                | Half Blood                                                     |                           | NIL                                                                                                               |
| 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 |                                                                                                                   |
|                         |                                                                                                                                | NIL                                                            |                           |                                                                                                                   |

|    |                      |
|----|----------------------|
| 8  | Full                 |
| 9  | Date                 |
| 10 | Place                |
| 11 | Place                |
| 12 | Place                |
| 13 | State resid          |
| 14 | Natu                 |
| 15 | State so, w          |
| 16 | Name perm            |
| 17 | Did                  |
| 18 | If m in th comm cont |
| 19 | Did give             |
| 20 | Amo                  |
| 21 | Amo                  |
| 22 | If d paya there      |
| 23 | Is ap need           |
| 24 | Did                  |
| 25 | An i he "a pa        |
|    | and zone auth the C  |

## ANSWER FULLY EACH QUESTION ON THIS PAGE

## PARTICULARS AS TO IDENTITY

|    |                                          |                            |
|----|------------------------------------------|----------------------------|
| 8  | Full names of the deceased               | HUGH ARMSTRONG             |
| 9  | Date of his birth                        | IRELAND                    |
| 10 | Place and date of his marriage.          | TORONTO CAN<br>DEC 29 1928 |
| 11 | Place and date of his parents' marriage. | IRELAND                    |

## PARTICULARS OF DOMICILE

|    |                                                                                                                           |                                              |
|----|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 12 | Place where deceased was born.                                                                                            | IRELAND                                      |
| 13 | State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each. | (a) TORONTO CAN<br>(b)<br>(c)<br>(d)         |
| 14 | Nature of employment before enlistment.                                                                                   | CARETAKER DOHERTY BLD<br>SPADINA AVE TORONTO |
| 15 | State whether he owned the premises in which he lived and, if so, where situated.                                         | YES 43 GLEN PARK AVE<br>TORONTO 10           |
| 16 | Name place where deceased stated he intended to make his permanent home.                                                  | TORONTO                                      |

## PARTICULARS OF ESTATE

|    |                                                                                                                                                                                                                                |                                                                           |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 17 | Did he leave a Will?                                                                                                                                                                                                           | NO                                                                        |
| 18 | If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property? |                                                                           |
| 19 | Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit.                                                                                                | NO                                                                        |
| 20 | Amount of War Savings Certificates held by deceased.                                                                                                                                                                           | 31 X 5 \$ 155.00                                                          |
| 21 | Amount of Victory Loan Bonds held by deceased.                                                                                                                                                                                 | ONE PARTIALLY PAID                                                        |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.                                     | SUNLIFE OF CAN.<br>TWO POLICIES<br>865952 — \$1044.15<br>2219413 — 995.62 |
| 23 | Is application for Probate or Letters of Administration necessary (see page 1)?                                                                                                                                                | NO                                                                        |

## OTHER PARTICULARS

|    |                                                                                                                                                                                                                                                                                                                                                    |             |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 24 | Did the deceased after enlistment incur any debts for:—<br>(a) His own separate board and lodging while on service.<br>(b) Service clothing and equipment.<br>An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars. | NO          |
| 25 | Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.                                                                                                                                                                                                    | LUST AT SEA |

(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.

Jean Armstrong

Signature of Informant

43 Glen Park Ave Toronto 10. Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief...

\*See above.

Jean Armstrong { Name of Informant } is the\* Lawful widow of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Toronto this 14th day of January 1944

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

Qualification A Curate

Address 608 Jarvis St. Toronto

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





V22061 OFFICIAL NUMBER NAME ARMSTRONG Hugh  
 (Surname) (Given Names) OFFICIAL NUMBER A2547 V22061

| Ship or Establishment | Rating   | From |       |      | Remarks                                  | Character | Efficiency | Date |       |      | Non-Sub. Rating | Qualified |       |      | Re-Qualified |      |
|-----------------------|----------|------|-------|------|------------------------------------------|-----------|------------|------|-------|------|-----------------|-----------|-------|------|--------------|------|
|                       |          | Day  | Month | Year |                                          |           |            | Day  | Month | Year |                 | Day       | Month | Year | Month        | Year |
| Div. Str. Toronto     | Stoker 1 | 12   | 7     | 40   | R.C.N.V.R. entry cancelled.              |           |            |      |       |      |                 |           |       |      |              |      |
| DISCHARGED            | " "      | 12   | 7     | 40   | Re-entered in R.C.N.R.<br>(Sub. 20/8/40) |           |            |      |       |      |                 |           |       |      |              |      |
| GENERAL REMARKS       |          |      |       |      |                                          |           |            |      |       |      |                 |           |       |      |              |      |

|               |                |          |       |        |                |            |              |
|---------------|----------------|----------|-------|--------|----------------|------------|--------------|
| NO. OF BIRTH  | NAME           | CIVIL    | OCCU  | HELPED | PERM RESIDENCE | PREV. SER. | RANK OR RATE |
| 65            | 3 03 22 320    | X 30     | X 156 | 00     | 023            | 015        | 94           |
| ENL. ST. DATE | ACT. SER. DATE |          |       |        |                |            |              |
| 12 07 40      |                |          |       |        |                |            | 980 015 94   |
| SE. PRIORITY  | SER. NON SER.  |          |       |        |                |            |              |
| 09            | 31             | 12.07.40 |       |        |                |            |              |

V22061

OFFICIAL NUMBER

FILE NUMBER

113-A-286

OFFICIAL NUMBER

V22061

NAME ARMSTRONG (Surname) Hugh (Given Names) DATE OF BIRTH 5th March, 1903.  
 PLACE OF BIRTH Tempo, Germanagh, Ireland. OCCUPATION Stationary Engineer  
 RELIGION Anglican EDUCATION \_\_\_\_\_  
 RESIDENCE AT TIME OF ENLISTMENT: Street and No. 43 Park Ave., Glengrove P.O., Town N. York, Province, etc. Ontario.

| 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 |
| 12                | 7     | 40   | H.O.   | 5' 3 <sup>3</sup> / <sub>4</sub> | Dk.Br. | Brown | Medium     |                |                  |                |       |    |
|                   |       |      |        |                                  |        |       |            |                |                  |                |       |    |
|                   |       |      |        |                                  |        |       |            |                |                  |                |       |    |
|                   |       |      |        |                                  |        |       |            |                |                  |                |       |    |
|                   |       |      |        |                                  |        |       |            |                |                  |                |       |    |
|                   |       |      |        |                                  |        |       |            |                |                  |                |       |    |
|                   |       |      |        |                                  |        |       |            |                |                  |                |       |    |
|                   |       |      |        |                                  |        |       |            |                |                  |                |       |    |
|                   |       |      |        |                                  |        |       |            |                |                  |                |       |    |

NEXT OF KIN RELATIONSHIP (in pencil) wife NAME (in pencil) Jean Armstrong  
 ADDRESS (in pencil): Street and No. 43 Park Ave. Glengrove P.O. Town N. York Province, etc. Ontario

| 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 |             |
|                                                |       |      |             |                                  |       |      |             |                   |       |      |             |
|                                                |       |      |             |                                  |       |      |             |                   |       |      |             |
|                                                |       |      |             |                                  |       |      |             |                   |       |      |             |
|                                                |       |      |             |                                  |       |      |             |                   |       |      |             |
|                                                |       |      |             |                                  |       |      |             |                   |       |      |             |
|                                                |       |      |             |                                  |       |      |             |                   |       |      |             |
|                                                |       |      |             |                                  |       |      |             |                   |       |      |             |
|                                                |       |      |             |                                  |       |      |             |                   |       |      |             |
|                                                |       |      |             |                                  |       |      |             |                   |       |      |             |

| 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 |                              |            |
|                      |       |      |                              |                                                                   |                       |         |                   |       |      |                              |            |
|                      |       |      |                              |                                                                   |                       |         |                   |       |      |                              |            |
|                      |       |      |                              |                                                                   |                       |         |                   |       |      |                              |            |
|                      |       |      |                              |                                                                   |                       |         |                   |       |      |                              |            |
|                      |       |      |                              |                                                                   |                       |         |                   |       |      |                              |            |
|                      |       |      |                              |                                                                   |                       |         |                   |       |      |                              |            |
|                      |       |      |                              |                                                                   |                       |         |                   |       |      |                              |            |
|                      |       |      |                              |                                                                   |                       |         |                   |       |      |                              |            |
|                      |       |      |                              |                                                                   |                       |         |                   |       |      |                              |            |
|                      |       |      |                              |                                                                   |                       |         |                   |       |      |                              |            |

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

SECOND CLASS FOR CONDUCT

From

To



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

NAME IN FULL ARMSTRONG Hugh RANK/RATING A/Cdg Lt OFF. NO. A-2547 ADDRESS .....

| SHIP            | SERVICE        |                |            | AREA       | QUALIFYING PERIODS IN DAYS |    |         |          |         | STARS MEDALS | ✓<br>1<br>2 | ELIGIBLE FOR AWARDS OF |                |
|-----------------|----------------|----------------|------------|------------|----------------------------|----|---------|----------|---------|--------------|-------------|------------------------|----------------|
|                 | FROM           | TO             | DAYS       |            | FROM                       | TO | 1939-45 | ATLANTIC | DEFENCE |              |             |                        | CLASP C.V.S.M. |
|                 |                |                |            |            |                            |    |         |          |         |              |             | 1939-45                | / star         |
| <u>Nipigon</u>  | <u>12.7.40</u> |                |            |            |                            |    |         |          |         |              |             | ATLANTIC               | / star         |
|                 | <u>6.1.42</u>  | <u>21.1.43</u> | <u>381</u> | <u>AR.</u> |                            |    |         |          |         |              |             | FRANCE G.              |                |
|                 |                |                |            |            |                            |    |         |          |         |              |             | AFRICA                 |                |
|                 |                |                |            |            |                            |    |         |          |         |              |             | PACIFIC                |                |
|                 |                |                |            |            |                            |    |         |          |         |              |             | BURMA                  |                |
|                 |                |                |            |            |                            |    |         |          |         |              |             | ITALY                  |                |
|                 |                |                |            |            |                            |    |         |          |         |              |             | DEFENCE                |                |
|                 |                |                |            |            |                            |    |         |          |         |              |             | C.V.S.M.               | 2 clasps       |
|                 |                |                |            |            |                            |    |         |          |         |              |             | " CLASP                |                |
| <u>Dis dead</u> | <u>20.9.43</u> |                |            |            |                            |    |         |          |         |              |             | WAR 1945               | / medal        |
|                 |                |                |            |            |                            |    |         |          |         |              |             | WAR 1915               |                |

VERIFIED BY [Signature]

VERIFIED BY [Signature]

VERIFIED BY .....

DIR. OF PERSONNEL RECORDS.

ST-CROX

R.C.N.R.

90456

32

DURATION OF HOSTILITIES.

~~True Copy of the~~  
CERTIFICATE of the Service of

ARMSTRONG, Hugh.  
in the Naval Service of Canada

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

PORT DIVISION HALIFAX, Nova Scotia. OFFICIAL NUMBER A 2547

Date of birth 5th March, 1903

Where born { Town Tompo. County and province Fermanagh County, Ireland.

Usual place of residence 43 Park Ave. - Ettenhove Park, North Yorks,

Trade brought up to Stationery Engineer. O.H.F. (Ontario)

Religious denomination Church of England.

Next of kin Mrs. Jean Armstrong, Same address.

Can swim

Man's signature on discharge to pension

Table with 2 main columns: CONTINUOUS SERVICE ENGAGEMENTS and MEDALS, CLASPS, Etc. Includes sub-columns for Date of actual volunteering, Commencement of time, Period volunteered for, Date Received, and Nature of Decoration. Entry: 12 July, 1940, Duration of Hostilities.

Table with 4 main columns: DESCRIPTION OF PERSON, STATURE (Feet, In.), COLOUR OF (Complexion, Hair, Eyes), and MARKS, WOUNDS AND SCARS. Entry: On re-entry for C.S. or for Non-C.S. after attaining 28 years, 5 3/4, Medium, Dark Brown, Brown, Nil.

Name.....

| SHIP'S NAME                  | LIST AND No. | RATING            | FROM                  | TO                    | CAUSE OF DISCHARGE |
|------------------------------|--------------|-------------------|-----------------------|-----------------------|--------------------|
| Stadacona                    | -            | Stoker T          | 12 July '40           | 19 Sep '40            |                    |
| Venture (Orkut)              |              | "                 | 20 Sep '40            | <del>20 Sep '40</del> |                    |
| <del>Stadacona (Orkut)</del> |              | <del>"</del>      | <del>12 Aug '41</del> | <del>5 Jan '42</del>  |                    |
| Piksiyon                     |              | Acting Stoker (T) | 6 Jan '42             | 21 Jan '43            |                    |
| Cornwallis                   |              | "                 | 22 Jan '43            | 3 May '43             |                    |
| Stadacona                    |              | "                 | 4 May '43             | 11 June '43           |                    |
| Verbe (St. Croix)            |              | "                 | 12 June '43           | 11 June '43           |                    |
| Avalon (St. Croix)           |              | "                 | 12 June '43           | 20 Sep '43            | "D.D."             |

| DATE     | Wounds received in Action and Hurt Certificate; also any Meritorious Service, Special Recommendations, Prize or other Grants | CAPTAIN'S SIGNATURE |
|----------|------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 9 Sep 43 | Issued S.C. 1st Lt. 483-201                                                                                                  | 3292                |
|          |                                                                                                                              |                     |
|          |                                                                                                                              |                     |
|          |                                                                                                                              |                     |

DATE  
 18 Dec 46  
 13 Sep 44  
 23 Dec 44  
 26 Apr 43





TFH:FMB

REGISTERED

AIR MAIL

FILE: NS.123-A-99 (Pers.N.)

24

27th September, 1943

Dear Mrs. Armstrong:

I deeply regret that I must confirm the telegram of the 27th of September, 1943, from the Minister of National Defence for Naval Services informing you that your husband, Hugh Armstrong, Leading Stoker, Royal Canadian Naval Reserve, Official Number A-2547, is missing on war service.

According to the report received, your husband is listed as missing, due to enemy action, while serving on Convoy duty in the Atlantic. For reasons of security further details of this incident of war cannot be released at this time.

It is requested that you will regard as confidential anything beyond the fact of your husband's loss on war service until such time as an official announcement is made, as this information might prove useful to the enemy.

While your husband is listed as missing and virtually no hope can be held out for his having survived, Canadian Naval Authorities are unable to make an official presumption of death until a period of not less than three months has elapsed. If further information has not been received at that time, it is probable that official certification of death will then be made and you will be informed accordingly.

Please allow me to express sincere sympathy with you on behalf of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the officers and men of the Royal Canadian Navy, the high traditions of which your husband has helped to maintain.

Yours sincerely,

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

Mrs. Jean Armstrong,  
43 Park Avenue, Glengrove P.O.,  
N. York, Ontario.

NAVAL PERSONNEL RECORDS  
J.H. Moneal  
RM

E 1231

18

P.T. Enclosure No. 3 to N.S. 47-2-1 of 12th May, 1942.

DISTRIBUTION: Original N.S.H.Q., Duplicate Ledger enclosure, Triplicate file in Accounting Establishment.

70983/23A-99  
JUL 1 1942  
CAMP

Name of Rating No. A. 2547

(a) Ship NIPIGON Surname ARMSTRONG Rating Sto. 1  
 List & Number 12-2-45 Christian Daily rate of  
 Names Hugh pay 2.00

Date of commencement of Active Service 29 July 1940

Particulars of Allottee

Whether wife or Guardian Name of wife or guardian in full Address of wife or guardian in full  
Wife Mrs. Jean E. Armstrong 43 Park Ave.,  
Date of Marriage 29 Dec., 1928 c/o Glengrove P.O. Ont.

Particulars of Allotment

(b) Rate per month of present allotment in favour of wife or guardian \$ 85.00  
 Rate per month of allotment taking into consideration increased Marriage Allowance \$ ~~85~~ 107.00  
 To be increased at H.Q. from ~~1st~~ 1st July

Particulars of children

Names of children Ages of children last birthday  
Annie E. 12 Yrs.  
Hugh 8 Yrs.

I have read the notations overleaf and increased my allotment as indicated.

H. Armstrong  
Signature of Rating (Allotter)

(c) FOR USE IN ACCOUNTING ESTABLISHMENT

M.A. increased from \$ 1.25 to \$ 1.95 from 1 April 1942.  
 Allotment of \$ 85.00 increased to \$ 107.00 effective \* ~~1st~~ 1st July \*  
 1942. (To reach Headquarters by the 15th of the month effective.)  
 Allotment arrears amounting to \$ ~~42.70~~ 63.70 have been charged in the  
 ledger in GREEN INK, List 12-2 No 45 and paid through H.M.C.S.  
Stadacona Cash Account Month of June July 1942, Vr 3/125

Marriage Allowance increase has been credited in the Ledger and has been allotted to wife or guardian as indicated hereon.

Fair ledger Jan J. J. Rough Ledger A. W. J.  
 H.M.C.S. Stadacona 1942. Accountant J. Tregaskin  
 Officer J. S. J.

(d) FOR USE AT NAVAL SERVICE HEADQUARTERS: Allotment Section (See over)

| Allotment | Initials     | Date          |
|-----------|--------------|---------------|
| Ent'd. on | <u>H. A.</u> | <u>1/1/42</u> |
| Ent'd. on |              |               |

P. T. O.

NEW RATES OF MARRIAGE ALLOWANCE AND LODGING AND COMPENSATION FOR RATINGS  
EFFECTIVE 1 APRIL, 1942. FOR DURATION OF HOSTILITIES ONLY

All ratings are to be placed on new rates of M.A. as follows:--

|                    |           |                    |                       |                         |                        |
|--------------------|-----------|--------------------|-----------------------|-------------------------|------------------------|
| Marriage Allowance | Wife only | Wife and one child | Wife and two children | Wife and three children | Wife and four children |
|                    | \$1.15    | \$1.55             | \$1.95                | \$2.25                  | \$2.45                 |

|                     |           |              |                |               |
|---------------------|-----------|--------------|----------------|---------------|
| Motherless Children | One child | Two children | Three children | Four children |
|                     | .75       | \$1.30       | \$1.65         | \$1.95        |

All ratings entered prior to 1st June, 1942, are entitled to \$1.45 per diem L. & G.

All ratings entered on or after 1st June, 1942, are to be paid \$1.25 per diem L. & G.

07.00  
XXXX

ARMSTRONG, HUGH  
MRS. JEAN E. ARMSTRONG  
43 PARK AVE.  
GLEN GROVE, ONT.

ONE HUNDRED SEVEN \* 107.00

✓

# ACCOUNTS OF MEN DISCHARGED




Account of the Balance of Wages, the Sale of Clothes and Effects and the other Credits of Men Discharged to the Shore, D. D. or Run

Name ARMSTRONG, Hugh. Rating A/Ldg.Sto.  
Official No. A-2547 H.M.C.S. St.Croix. List 5A/2-37  
Who\* D. D. on the 20 September 1943

|                                                                                | \$ | cts.  |
|--------------------------------------------------------------------------------|----|-------|
| Net sum due on ledger on account of Wages.....                                 |    | 34.13 |
| Proceeds of sale of Effects charged against Wages, brought from the other side |    |       |
| CASH—                                                                          |    |       |
| Proceeds of sale of Effects, brought from the other side.....                  |    |       |
| Found amongst Effects.....                                                     |    |       |
| Debts collected \$.....                                                        |    |       |
| Cash deposited by official Receipt No.....                                     |    |       |
| Cash debited in the Accountant Officer's Cash Acct.....                        |    |       |
| If in debt in ledger, amount to be stated (in red ink).....                    |    |       |
| (AP) <b>Forty eight dollars and Four dollars - 30 Sep '43.</b>                 |    |       |
| Rate of allotment (in words) <b>Eight 40/100 dollars - 31 Oct '43.</b>         |    |       |
| Name of ship from which transferred <b>St.Croix.</b>                           |    |       |
| Total†..... Creditor                                                           |    | 34.13 |

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of **HMCS "AVALON"** for **HMCS "ST.CROIX"** amounting to a net balance† **Creditor** of **Thirty four** dollars **Thirteen** cents.

Dated on board H.M.C.S. **AVALON** at **St. John's,** **Newfoundland** this **26th** day of **October** 1943

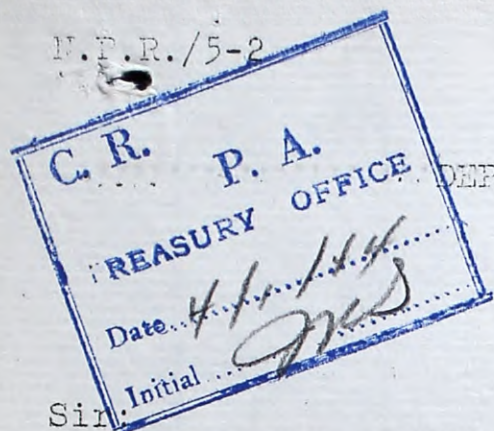
Approved  **COMMANDER, R.C.N. (Temp)** Commanding Officer.  
 **A/Pay. Lieut. Cmdr. R.C.N.V.R.** Accountant Officer  
 Initials of the Assistant Accountant Officer

For Use at Headquarters. \$.....cts..... credited on Inspector's certificate  
No..... to.....  
Signature.....  
Date..... 19.....

\*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".  
Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.







DEPARTMENT OF NATIONAL DEFENCE

- Naval Service -  
Ottawa, Canada.

..... DEC. 29. 1943 .....  
(Date: 1943)

Sir,

The following casualty has been reported -

| NAME            | RANK or RATING | NAVAL NO.        |
|-----------------|----------------|------------------|
| ARMSTRONG, Hugh | Leading Stoker | A-2547, R.C.N.R. |

DATE OF ENLISTMENT - 12th July, 1940.

DATE OF DISCHARGE - 20th September, 1943.

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

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

Reason for discharge and when and where any disability was incurred, or where death occurred. Missing, presumed dead. He was serving in H.M.C.S. "ST. CROIX", which was lost while serving on convoy duty in the Atlantic, due to enemy action.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP Wife NAME Mrs. Jean Armstrong,

ADDRESS 43 Park Avenue, Glengrove P.O. N. York, Ontario.

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

AA

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.

| <u>Names of Dependents</u>                                               | <u>Relationship</u> | <u>Maiden name of wife</u> | <u>Date of marriage and/or date of birth of children</u> |
|--------------------------------------------------------------------------|---------------------|----------------------------|----------------------------------------------------------|
| Mrs. Jean Armstrong,<br>43 Park Ave.,<br>Glengrove P.O.,<br>N.York, Ont. | Wife.               |                            |                                                          |

Rec. Gen. for War Savings Certificates,  
Ottawa, Ont. \$4.00 Stopped Sept. 30/43

Rec. Gen. Victory Loan,  
Ottawa, Ont. 8.40 Stopped Sept. 30/43

|               | <u>D. A.</u> | <u>A. P.</u> | <u>TOTAL</u>             |
|---------------|--------------|--------------|--------------------------|
| Monthly Rate: | 59.00        | 48.00        | <del>107.00</del> 107.00 |

To whom Paid: Mrs. Jean Armstrong ADDRESS 43 Park Ave., Glengrove P.O., N.York, Ont.

Date of Enlistment:

Date of Discharge:

Inclusive date to which D.A. and/or A.P. was Paid: Sept. 30/43

The final deduction of Assigned Pay for 48.00 has been made for the period from 1st to 30th of September 1943.

Remarks:

Computed by *MW*

Checked by *L. Labochelle*

*Alec L. Boswell*  
for  
Chief Treasury Officer,  
DEPARTMENT OF NATIONAL DEFENCE,  
(Naval Service.)

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

Mrs Jean Armstrong  
43 Glen Park Ave  
Toronto 10  
Ont.

NS, H.Q. 123-A-99 F.D. 301

Feb 5<sup>th</sup> /44

Dear Sirs

Inclosed you will find was  
Savings certificates of my late husband  
Ldg Sgt Hugh Armstrong A. 2547  
This is two Victory bonds in my sons name  
The belong too my husband.  
I think this is only one 50 dollar one bond  
As far as I know.

Yours Faithfully  
Mrs Jean Armstrong





**WAR SERVICE GRATUITY**

Deceased member's NAME: **Hugh ARMSTRONG**  
 (CHRISTIAN NAMES) (SURNAME)

REGISTER NO. **6249**  
 FILE NO. **NS.A-2547**  
 DATE **26 Feb/45.**  
 SERVICE NO. **A-2547**  
 FINAL RANK OR RATING **A/Ldg.Sto.**  
 DATE OF DISCHARGE **20 Sep/43**

Address: **Mrs. Jean E. Armstrong,  
 43 Glen Park Ave.,  
 Toronto, Ont.**

DATE OF TERMINATION OF OVERSEAS SERVICE **20 Sept/43**

A. TOTAL QUALIFYING SERVICE  
 NO. OF DAYS **1166** EQUAL TO **38** COMPLETE PERIODS AT \$7.50

\$ **285.00**

B. QUALIFYING OVERSEAS SERVICE  
 NO. OF DAYS **482** LESS **26** INELIGIBLE DAYS, EQUAL TO **456** DAYS @ 25c. PER DAY  
SEE PAR. 2 OVERLEAF FOR EXPLANATION

\$ **114.00**

**SUB TOTAL**

C. SUPPLEMENT FOR OVERSEAS SERVICE  
 DAILY RATES AT DISCHARGE

|                                                |    |      |               |
|------------------------------------------------|----|------|---------------|
| PAY                                            | \$ | 2.25 |               |
| SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE | \$ | 1.45 |               |
| ADDITIONAL PAY                                 | \$ |      |               |
| I.G.O.B.                                       | \$ | .05  |               |
| H.L.H.                                         | \$ | .25  |               |
| DEPENDENTS' ALLOWANCE 1/30 OF \$               | \$ | 1.95 |               |
| TOTAL                                          | \$ | 5.95 | X7 = \$ 41.65 |
| NO. OF DAYS                                    |    | 183  | X\$ 41.65     |

\$ **103.79**

D. WAR SERVICE GRATUITY

\$ **502.79**

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

F. AMOUNT PAYABLE  
 (THIS AMOUNT IS PAYABLE IN MONTHLY INSTALMENTS OF \$ EACH)

\$ **502.79**

THE WAR SERVICE GRANTS ACT, 1944, PROVIDES FOR YOUR RE-ESTABLISHMENT CREDIT IN THE AMOUNT SHOWN IN SUB TOTAL OF A & B. THIS CREDIT IS AVAILABLE TO YOU IN CERTAIN CIRCUMSTANCES. INQUIRY IN THIS CONNECTION SHOULD BE DIRECTED TO THE DEPARTMENT OF VETERANS' AFFAIRS.

**SEE REVERSE SIDE FOR EXPLANATION OF ITEMS A, B & C**

G. MONTHLY INSTALMENT NOT TO EXCEED DAILY RATE OF PAY AND ALLOWANCES \$ X30 \$

| INSTALM. PAYABLE | 1       | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  |
|------------------|---------|----|----|----|----|----|----|----|----|
| AMOUNT           | 502.79  |    |    |    |    |    |    |    |    |
| CHEQUE No.       | 111849  |    |    |    |    |    |    |    |    |
| DATE             | 10/3.45 |    |    |    |    |    |    |    |    |
| INSTALM. PAYABLE | 10      | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| AMOUNT           |         |    |    |    |    |    |    |    |    |
| CHEQUE No.       |         |    |    |    |    |    |    |    |    |
| DATE             |         |    |    |    |    |    |    |    |    |

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

PREPARED BY: **SJD**      CHECKED BY: **[Signature]**  
 TREASURY      CHECKED BY: **[Signature]**      DATE: **5/3/45**

**[Signature]**  
 SERVICE REPRESENTATIVE

for Dir. Naval Pay, Acting

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name *Hugh ARMSTRONG*  
 (Christian Names) (Surname)

Payee *Mrs Jean. E. ARMSTRONG*  
 Address *43, Glen Park Ave.  
 Toronto, Ont.*

Register No. *6249*  
 File No. *NS.A.2547*  
 Date *20/2/45*  
 Service No. *A2547*  
 Final Rank or Rating *A/LOG. STO.*  
 Date of Discharge *20/10/43*

Date of termination of overseas service *20 Sep. 43*

A. TOTAL QUALIFYING SERVICE  
 No. of days *1166* equal to *38* complete periods at \$7.50  
 30 *285.80*

B. QUALIFYING OVERSEAS SERVICE  
 No. of days *482* less *26* ineligible days equal to *456* days @ 25¢ per day *114.00*

C. SUPPLEMENT FOR OVERSEAS SERVICE  
 DAILY RATES AT DISCHARGE

|                                                          |            |                   |
|----------------------------------------------------------|------------|-------------------|
| Pay                                                      | \$ 2.25    |                   |
| Subsistence or Lodging and Provision Allowance           | \$ 1.45    |                   |
| Additional Pay                                           |            |                   |
| 1 G.C.B.                                                 | \$ .05     |                   |
| H.L.M.                                                   | \$ .25     |                   |
| Dependents' Allowance 1/30 of \$ <del>5.00</del> \$ 1.95 |            |                   |
| Total                                                    | \$ 5.95    | x 7 = \$ 41.65    |
| No. of days                                              | <i>456</i> | x \$ <i>41.65</i> |
|                                                          | 183        |                   |

*103.79*  
~~701.83~~  
~~103.79~~

D. WAR SERVICE GRATUITY *502.79*  
~~1100.83~~

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

F. TOTAL AMOUNT PAYABLE *502.79*

G. YOUR PORTION OF GRATUITY IS  
 Dependents' Allowance in issue to you \$ \_\_\_\_\_ of \$ = \$ *502.79*  
 Total Dependents' Allowance in issue \$ \_\_\_\_\_

CERTIFICATE: I certify that the amount has been correctly computed and is payable in accordance with the terms of the War Service Grants Act, 1944 and the regulations issued thereunder.

|             |            |            |      |
|-------------|------------|------------|------|
| Prepared by | Checked by | Treasury   |      |
|             |            | Checked by | Date |

Service Representative

D.N.P.A. CHECK

|                      |                       |
|----------------------|-----------------------|
| 1 <i>J.H.</i>        | 6 <i>[Signature]</i>  |
| 2 <i>[Signature]</i> | 7 <i>[Signature]</i>  |
| 3 <i>[Signature]</i> | 8 <i>[Signature]</i>  |
| 4 <i>[Signature]</i> | 9 <i>[Signature]</i>  |
| 5 <i>[Signature]</i> | 10 <i>[Signature]</i> |

*Estate.*



RCNR Mar. 44 "ST. CROIX"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mrs. Jean Armstrong - Widow

ADDRESS: ~~43 Park Ave.,~~ 43 Glen Park Ave.  
~~Glengrove P.O.,~~ TORONTO 10, Ont.  
~~N. YORK, Ont.~~

5-11-48

(2) MEMORIAL CROSS

WIDOW

Mrs. Jean Armstrong

ADDRESS: 43 Glen Park Avenue,  
Toronto 10, Ontario.

(3) MEMORIAL CROSS

MOTHER

Deceased

ADDRESS:

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO..... 1940

(2) 30-12-43

(3)

