

A4212
BROWN
WILLIAM IRVIN

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..... (b) Reg'l. No.....
2. (a) Arm of service..... (b) Unit..... (c) Rank.....
3. (a) Date of birth..... (b) Have you any dependents?..... (c) Place of residence at time of enlistment.....
4. (a) Place of enlistment..... (b) Date of enlistment.....

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... (b) Were you attending school or college up to the time of enlistment?.....
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.).....
7. If you attended a university, give name of university and standing or degree secured.....
8. (a) Did you ever enter upon a trade apprenticeship?..... (b) If so, for what occupation?..... (c) Did you finish it?..... (d) If you did not finish it, how long did you serve at it?.....
9. (a) What languages do you speak fluently?..... (b) What languages do you read well?.....

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)..... (b) At time of enlistment of what trade union or professional society were you a member?.....

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

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

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

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

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

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

18. Name of employer..... Address.....
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....
20. (a) Your specific occupation..... (b) Number of years' experience at this occupation with any employer.....
21. (a) Did your employer promise definitely to give you employment on discharge?..... (b) Did your employer refuse to promise you employment on discharge?..... (c) Do you wish to return to your former employment?.....

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

22. (a) State nature of business, or professional practice..... (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?..... (b) Do you feel competent to operate a farm?..... (c) If so, in what kind of farming?.....
25. (a) Were you born on a farm?..... (b) How many years' actual farming experience have you had?..... (c) In what provinces did you have experience?.....

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?.....
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.).....
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form.....

DATE..... 1/10/41..... 194.....

SIGNATURE.....



Copy To
VWD
ES

JUL 4 1941

MEMORANDUM FOR

P. 64

Mrs. Florence Brown,
270 Sumach Street,
Toronto, Ontario.

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

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

and the following number quoted:—

H.Q. 123-B-397 FD 342

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

October 25, 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

BROWN, William Irvin, Sto. 1

No. A.4212, 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.

(L.M. Firth) Major,
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 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.....		<i>Florence Brown</i>	<i>21</i>	<i>270 Sumach St. Toronto</i>
2	Children of the Deceased and dates of their Births.....		<i>Gail Marion Brown</i>	<i>1</i>	<i>270 Sumach St.</i>
3	Father of the Deceased.....		<i>William Albert Brown</i>	<i>66</i>	<i>dead 13 yrs.</i>
4	Mother of the Deceased.....		<i>Minnie Brown</i>	<i>54</i>	<i>270 Sumach St. Tor.</i>
5	Brothers of the Deceased	Full Blood	<i>Eddie Brown</i>	<i>38</i>	<i>338 Carlton St. Tor.</i>
		Half Blood			
6	Sisters of the Deceased	Full Blood	<i>Bernice Brissette</i>	<i>28</i>	<i>347 Lackville St. Tor.</i>
			<i>Samel Stover</i>	<i>34</i>	<i>138 Gaton St. Tor.</i>
			<i>Gladys Wood</i>	<i>21</i>	<i>16 Spruce St. Toronto</i>
7	Names of brothers or sisters (whether of the full or the half blood) of the De- ceased, who are dead, and date of death of each.	Names and ages of their children (if any)		Address of their children	
	<i>Ellen Brown, d. died, March 4, 1918 Margaret Brown died, Aug. 13th 1919</i>				

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
8	Grand-Parents of the Deceased....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....	<i>Florence Hoffman</i>	<i>49</i>	<i>82 Kuchers St. Toronto</i>
		<i>May Whitman</i>	<i>57</i>	<i>25 Edward Avd. "</i>
		<i>Harold Sharpe</i>	<i>51</i>	<i>Corbyville Ont.,</i>

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	William Irvin Abraham Brown
11	Give the month and year of his birth.	November 19th 1916
12	Where and when were his parents married?	November 20th 1902 Peterborough
13	If deceased was married, state place and date of marriage.	Fred Victor Mission Queen & Jarvis Sts. Toronto April 13th 1940
14	Did he leave a Will? If so, a copy should be attached hereto.	yes
15	Did he leave a bank account? If so, give full particulars.	no
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	none
17	State your own postal address in full.	Mrs. Florence Brown 270 Denison St. Toronto, Ont.

PARTICULARS OF DOMICILE

18	Where was deceased born?	43 St. David St. Toronto, Ont.
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	Province of Ontario all his life
20	What was the nature of his employment?	stoker, truck driver in the fall & winter
21	Did he own the premises in which he lived? If so, where?	no
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	no

OTHER PARTICULARS

23	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no
24	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom. (NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada, 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.)	no

DECLARATION

*Insert degree of relationship for example, "Widow," "Sister," "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

* Wife of the deceased.

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

Florence Brown

{Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Mrs Florence Brown { Name of Informant } is the * Wife 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 Toronto this 29th day of October 1944

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

Kennicott

Qualification Justice of the Peace

Address City Hall Toronto Ontario

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 enquired after is stated in its proper place in the Statement opposite.

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

Could you possibly tell me if my husband received the letters & parcels which were sent to him the first two weeks of September 1941. If he didn't receive them would you please have them returned to me. Also anything else which belong to him. Thank You.

Yours Truly

Florence Brown.

✓

DEPT.
NATIONAL DEFENCE

N. R. 5

15M-2-40 (4149)
N.S. 815-12-5

FEB - 7 1941

N.S.

CANADA



CANADA

N.S. 4169

ATTESTATION FORM

P 14581

FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVESURNAME..... **BROWN** OFFICIAL No. **A 4212**CHRISTIAN NAMES..... **William Irvin** MARRIED, SINGLE OR WIDOWER..... **Married**

PERMANENT ADDRESS		RELIGION
446 Gerrard St. E., Toronto, Ontario		Presbyterian
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
19 Nov. '16	Town Toronto County York Province Ontario	Wife: Mrs. Florence Brown As above

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... 6.....	Inflated..... 38.....	Dark Brown	Hazel	Med.	None
Inches..... 1.....	Deflated..... 35 $\frac{1}{2}$				
.....	Mean..... 36 $\frac{3}{4}$				
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
20 Jan. '41	Stoker I	Stoker: Canada Steamship Lines			

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Reserve, and that I accept and agree to abide by the rules of the said Force.
- (3) (a) That it is my intention to follow the sea for a period of at least five years from this date.
- (b) That it is my intention to follow the calling of a Fireman, either at sea or on shore, for a period of five years from this date.
- (c) That it is my intention to follow the sea in an Engine-room capacity for a period of five years from this date.

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

Personnel Records Division.	
1. Noted in Records.....	2. Index Card.....
3. Non-Sub. Card.....	4. Statistical Card.....
5. Roneo strip.....	6. Pension Card.....
7.	8.
DATE 13/2/41	

*Cross out
clause not
applicable.

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

(5) 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.

Served in	Rank	From	To
-----	-----	-----	-----

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

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

- AND OR DURATION OF HOSTILITIES
- (a) To serve from the date thereof for five consecutive years, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.
- (b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed according to where my services are required.
- (c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Registrar or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on Naval duty.

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

Dated this..... 20th day of..... January, 1941

William Brown
(Signature of Applicant)

(C)

OATH OF ALLEGIANCE

I, William Irvin Brown.....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

Signature of Applicant.....*William Brown*.....
ACCORDING TO LAW.

Witness.....*[Signature]*.....

Date..... January 20, 1941 Rank.....
506. LIEUTENANT R. C. N. V. R.

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

(D)

CERTIFICATE OF ATTESTING OFFICIAL

I hereby certify that all the foregoing statements were made by the man above named, in my presence, and that he has made and signed the above declaration and has taken the oath of

allegiance in my presence this..... 20th day of..... January, 1941

[Signature]
(Signature of Officer and rank)
506. LIEUTENANT R. C. N. V. R.

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

G. J. Jarry

SURGEON LIEUT.

R 4/6

L 6/6

C V N

**Medical Recruiting
DEPARTMENT**

FEB 22 1941

**R.C.N. BARRACKS
HALIFAX, N. S.**



Can. B. 207

100 M-11-40 (7881)
N.S. 815-2-207

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 W. Brown
† candidate for entry as Motor I R.C.N.R.
and I believe him to be * in all respects fit for His Majesty's Service.
the Certificate given below in my presence. } He has signed
† Strike out if inapplicable. * Delete one.

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

(a) Age (Years / Months)	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(j) Limbs and Joints	(k) Skin	(l) Ears and Hearing	(m) Testes, Varicocele, etc.	(n) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(o) Anus, Hemorrhoids, etc.
24 - 3	154 1/2 lbs.	6 - 1 ft. ins.	Good	inches (a) maximum 38 (b) minimum 35 1/2 (c) mean 36 3/4	right eye 20/30 left eye 20/30 *colour vision defective	1929	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL

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

X-ray

Not taken.
Approved. ☒
Positive.
Doubtful.

Write in the appropriate notation, and any remarks necessary.

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.

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

William Brown
Signature of Candidate

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

This Candidate is the subject of.....

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

* Delete one.

IF REJECTED
insert here
UNFIT
in block letters



2/17/41
O.K. gm

Dated at.....

TORONTO, ONT.

the.....

of.....

JAN 17 1941

19.....

W. Mackinnon
Examining Medical Officer

(Rank).....SURGEON LIEUT. R.C.N.V.R.

D OF D 10-9-41

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

NAVY

D.D. WAR SERVICE RECORDS

BROWN	William Irwin	A-4212	Sto. 1/c	FILE No.
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	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE)

DVA 808

02-64841

M



P

13-12-01
pay

9062 22/11

RCNR May 42

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mrs. Florence Brown - Widow

270 Sumach St.,

ADDRESS: TORONTO, Ont.

(2) MEMORIAL CROSS

WIDOW

Mrs. Florence M. Brown

33 Doncaster Ave.,

ADDRESS: St. Catharines, Ont.

(3) MEMORIAL CROSS

MOTHER

Mrs. Minnie Brown

270 Sumach St., Toronto, Ont.

ADDRESS:

MEMORIAL BAR

(1)

DATE DESPATCHED
~~CANCELLED~~

REGN. NO. 1879

(2)

21-10-41

(3)

21-10-41

Mrs. Florence M. Brown, 270 Sumach St., Toronto, Ont., widow of this rating has been awarded pension in respect of her husband's death, with effect from 11.9.41, with additional allowances for her child.

DATE OF BIRTH										PLACE BIRTH		CIVIL OCCU		RELI-ED		PERM. RESIDENCE		PREM. ENL.		RANK, DS, RATE ON ENLISTMENT	
DY	MO	YR.	BIRTH	MAIN	1ST	2ND	3RD	4TH	5TH	1ST	2ND	1ST	2ND	1ST	2ND	1ST	2ND	1ST	2ND	1ST	2ND
19	X	16	11	5250	50X	1	36	14	0	23	0	15	94								
ENLIST. DATE										ACT. SER.		DATE		RANK		DS		RATE			
DY	MO	YR.	DY	MO	YR.																
20	01	41	21	01	41									17	30	0	15	94			
SENIORITY										STR.		NON STR.		CODED		CHECKED					
DY	MO	YR.	CAT.	A	B	C	D	E	F												
21	01	41	09											19	10	09	41				

A 4212

DATE OF BIRTH.....19 November, 1916

.....OCCUPATION Stoker: Canada Steamship Lines

...EDUCATION

.....Province, etc.....Ontario.

Town..

EXAMINATIONS. CERTIFICATES. ETC.

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

FILM NO. 1058-4511-5

O.H.F. Received
Last Will & Testament dated 11-2-41 received

H.Q. 35—30M—5-41 (337)
N.S. 815—7-35

446
W. S. G.
APPLICATION
A. T.
RECEIVED

P 26550

A-4212

IN THE NAME OF GOD, AMEN

MAR 12 1941
123-13397
of His

I, *William Irvin Brown*
Majesty's Ship *R.C. N.V.R. Toronto Division*
(now a Patient* in _____),

*If in Hospital or
in Hospital Ship.

Insert the degree
of relationship (if of
any) and place of resi-
dence of the Legatee
or Legatees.

See instructions on
the back hereof.

being sound of mind, do hereby make this my last Will and Testament: I
give and bequeath unto my *Wife*

Mrs Florence Brown
446 Gerard St East
Toronto Ont

9

all such Wages, Prize Money, Allowances, and other Sum or Sums of Money,
as now are, or hereafter may be due to me for my service on board the said
Ship, or any other Ship or Vessel, of the Royal Navy, together with all other
my Estate and Effects whatsoever and wheresoever.

Insert the degree
of relationship (if of
any) and place of resi-
dence of the Executor
or Executors.

And I do hereby appoint

Wife
Mrs Florence Brown

Executors of this my last Will and Testament; and hereby revoking all former
Wills by me made, I declare this to be my last Will and Testament.

In Witness whereof I have at *Toronto* hereunto set my hand,
this *Eleventh* day of *February*, in the Year of Our Lord
One Thousand Nine Hundred *Forty One*

William I Brown

Signed by the said Testator, as his last Will
and Testament, in the presence of us present
at the same time, who in his presence at his
request and in the presence of each other
have subscribed our names as Witnesses.

Witnesses

D. Walden
F. Smith
PAY LIEUT. R.C.N.V.R.

NOTE.—As Wills of Petty Officers, Seamen, and Marines must be executed with the formalities required by the
Law of England in the case of other persons, every such Will must be executed in the presence of, and be
attested by, two disinterested Witnesses.

Where the Will is made on board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall
be a Commissioned Officer, Chaplain, or Warrant or Subordinate Officer belonging to His Majesty's Naval or
Marine or Military Force.

Where the Will is made elsewhere than on Board one of His Majesty's Ships, one of the two requisite attesting
Witnesses shall be a Commissioned Officer, or Chaplain, or Warrant or Subordinate Officer, or the Governor,
Agent, Physician, Surgeon, Assistant-Surgeon, or Chaplain of a Naval Hospital at home or abroad, or a Justice
of the Peace, or the Incumbent, Curate, or Minister of a Church or Place of Worship in the Parish where the
Will is executed, or a British Consular Officer, or an Officer of Customs, or a Notary Public, or a Solicitor, or
in Scotland a Law Agent.

A Will made by any person while serving as a Seaman or Marine will not be valid for any purpose if it is written
or contained on or in the same Paper, Parchment, or Instrument with a Power of Attorney.

The Certificate on the back hereof, is to be signed by the person by whom the Will is prepared.

Noted in Service
Records
8-3-41

Instructions for filling up the Form

If a special legacy is to be given, the name, residence (and relationship if any) of the person interested is to be inserted in the space after the words "I give and bequeath," or if more than one person, the respective names, &c., also the particulars of the property bequeathed.

Then the words "And I give and bequeath unto" should be inserted together with the names, &c., of the person or persons to whom the residue of the Testator's property is to be given, and the words printed in italics commencing "all such wages," should be struck out.

If, however, the *whole* of the Testator's property is to be given to one person, or between several, all that is necessary is to insert in the space, the names, &c., of the person or persons to be benefited.

CERTIFICATE

I hereby certify that the Will on the other side hereof was previously to its execution read over to the Testator who appeared perfectly to understand the same.

William I. Brown.....

} Signature of the person
by whom the Will was prepared.

N.V. 17
15M-4-40 (4717)
N.S. 11-17

CERTIFICATE of the SERVICE of

William Irvin BROWN

in the Royal Canadian Naval ~~Volunteer~~ Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
Halifax	Toronto	A 4212

Date of Birth 19 Nov. 1916.

Place of Birth Toronto, York, Ontario.

Place of Residence 446 Leonard St. E. Toronto

Trade brought up to Stoker I

Religion Presbyterian.

Can Swim:—P.P.T. Good Date 14 April 1941

Signature H.C. Burnell Jones S.D. 1/R for C/P

P.S.T. Date 19 Signature Rank

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

Wife - Florence
(same address)

O.H.F.

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
20 Jan. '41		Dur. Host.	Stoker I			

PERSONAL DESCRIPTION

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	6	1	36 3/4	154 1/2	Brown	Hazel	Med.	None
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

TRANSFER BETWEEN DIVISIONS			TRANSFER—LISTS A AND B		
From	To	Date	List	Date	Authority

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
1941	Toronto Div. RCNVR			Stoker I	20 Jan. '41	20 Feb. '41	
	Stadron			—	21 Feb. '41	24 Apr. '41	
1941	Venture (Chamblly)	—	—	—	25 Apr. '41	31 May '41	
	Avalon (Chamblly)	—	—	—	1 June '41	10 Sep. '41	D.D.

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

[illegible]

DISCHARGE

ture[illegible]

Conduct

[illegible]

CONDUCT SHEET

Page 1

NAME *William Lewis BROWN*

RATING *Sto 3*

{ PORT DIVISION AND
OFFICIAL NUMBER

A. 4212

NAME OF SHIP	Date of Entry	No. of G.C. Badges held	Date of Commencement of "very good" conduct. (Art. 527, cl. 4 and 5) If conduct is not "very good" insert "Nil"	Class for Conduct If in 2nd class, insert (1) Date of reduction. (2) Date of proposed restoration	Class for Leave If in 2nd class, insert date from which entitled to restoration to 1st class (Art. 573, cl. 2)	Character since last assessment on Service Certificate or Conduct Sheet (Art. 605, cl. 5 and 8)			Efficiency (Art. 607)	For Art. 413 ratings only (See Notes 5, 6 and 7)		Ship Discharged to (Giving date, if it differs from date of assessment of character, and, in the case of an N.C.S. Steward or Cook discharged to Shore, the cause of discharge)	In red ink—Whether recommended for (a) Boys' Training Service. (b) Other Instructional Duties. (See Note 9)	R.M.G. or R.R. (where applicable)	Commanding Officer's Signature
						From	To	Character Assessment		Whether recommended for advancement (Must be fit for immediate advancement and fully qualified)	Whether recommended with a view to accelerated advancement (Must also be fit for immediate advancement but not necessarily fully qualified)				
<i>Staderna</i>	<i>2 Feb 41</i>	<i>—</i>	<i>20 Jan 41</i>	<i>1</i>	<i>1</i>	<i>2 Feb 41</i>	<i>25 Apr 41</i>	<i>VG</i>	<i>Sat</i>	<i>NY (MQ)</i>	<i>NO</i>	<i>Venture (Chambly)</i>			<i>J. Edwards</i>

NOTES

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

CONDUCT SHEET

NAME *William Irvine BROWN*

RATING

Sto 1

PORT DIVISION AND
OFFICIAL NUMBER....

A4212

[illegible]

Can. 2041
10M-10-39 (2378)
N.S. 9-2041

ORIGINAL

Number.....

APPLICATION FOR PAYMENT OF MARRIAGE ALLOWANCE

List and Number in Ledger	NAME	Rank or Rating	Official No.	Daily Rate of Pay
	Surname..... BROWN	Stoker I	A4212	\$2.00
	Christian Names..... WILLIAM <i>Grvin</i>	<i>Rb NR</i>		

NAME OF WIFE OR GUARDIAN	ADDRESS
Surname..... BROWN	446 Gerrard Street East, TORONTO, Ontario
Christian Names..... FLORENCE	

CHILD OR CHILDREN			
Name	Sex	Date of Birth	Attains majority
(1) BROWN, Gail M.	F	27 Oct 1940	1957 ✓
(2).....			
(3).....			
(4).....			

I do hereby solemnly declare that the above particulars are correct.

Signed in the presence of:

J. W. Cranbury

Signature.....

Rank or Rating.....

Stoker I

Marriage Allowance in force per diem.....

Marriage Allowance claimed per diem..... **1.00**

Claim has been supported with the necessary documentary evidence and the above amount has been approved for payment.

*Marr & Birth Certs produced
lb 13.2.41*

This amount per day has been credited from..... **21st January**..... **1941**.....

at List..... No..... Ledger ending..... **Toronto Div Ledger**..... **1941**.....

Allotment of \$..... **23.00**..... in force from the month of..... **January**..... **1941**..... in accordance with regulations.

Increased to 70.00 in February 1941

THE NAVAL SECRETARY,
Department of National Defence,
Ottawa.

H. M. C. S.

Forwarded.....

DATE **21-2-41** *J.A.*

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

Ottawa, Canada,

..... September 19¹, 194¹.

Sir:

The following casualty has been reported -

NAME BROWN, William Irvin RANK or RATING Stoker I NAVAL NO. A-4912. 22

DATE OF ENLISTMENT - 20 January, 1941.

DATE OF DISCHARGE - (unknown as yet)

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

SERVICE - Canada and high seas.
(Indicate whether in Canada only; or in Canada and on high seas or elsewhere).

Reason for discharge and when and where any disability was incurred, or where death occurred. Reported by Naval Officer-in-Charge, Iceland, as lost at sea on war service.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP Wife NAME Mrs. Florence Brown,

ADDRESS 270 Sunnyside Street, Toronto, Ont.

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.

OFFICER'S OR RATING'S MONTHLY PAY ALLOTTED TO WIFE AND/OR DEPENDENT -

\$ \$70.00 PAID TO STILL IN FORCE.

MARRIAGE ALLOWANCE AT \$ \$1.00 PER DIEM PAID TO STILL IN FORCE

DEPENDENTS ALLOWANCE AT \$ NIL PAID TO NIL

TOTAL MONTHLY PAYMENT TO - WIFE \$ \$70.00
DEPENDENTS \$ NIL

Computed by J. G. CossetteChecked by J. G. Cossette

The Secretary,
The Canadian Pension Commission. (See reverse for further instructions.)

(J. G. Cossette)
NAVAL SECRETARY

ROYAL CANADIAN NAVY.

In lieu of S.-1121.

REPORT of the Death of an Officer, Man or Boy.

H. M. S. NAVAL BASE at ICELAND.

Date..... 23rd October 1941.

52

Name (Christian names in full)	<u>WILLIAM IRVINE BROWN of H.M.C.S. CHAMBLEY</u>
Rank or Rating	<u>Stoker I.</u>
Port Division and Official No. (if unknown, date of first entry)	<u>A/4212. R.C.N.</u>
Date of Death	<u>11th September 1941.</u>
Place of Death	<u>At sea in approximate position 63° N 37° 30' W.</u>
Cause of death (if due to accident or violence, particulars to be stated briefly.)	<u>Sinking of German Submarine which was being boarded.</u>
Whether reported to Registrar General of Births, Deaths, &c., on Form S.-544 (see Note 2)	<u>No.</u>
Nearest known Relative or Friend:- Name and Relationship Address	<u>Next of kin</u> <u>not known.</u>
Whether informed by Ship
State whether the body was sent to the relatives for burial. If not, give date of burial, name and address of cemetery, section or plot row and number of grave. (If the body is not recovered the fact is to be stated.)	<u>Body not recovered.</u> (If this information cannot be given without delaying the rendering of this report, it is to be furnished at the end of the month on S.51.)
Religion (if known)	<u>Not known.</u>
If retained in hospital, &c., after cessation of pay on invaliding, date invalided	<u>Not applicable.</u>

National Service Headquarters, Ottawa

~~The Secretary of the Admiralty.~~

N.B. (1) This form is to be rendered in accordance with the directions laid down in Clauses 4 and 7, Article 1135, King's Regulations, and Article 412, Instructions for Naval Hospitals.

(2) Whenever a death occurs on board, or amongst the members of a special active service expedition, care is to be taken that a return on form S.544 is forwarded to the Registrar-General of Births, Deaths and Marriages as directed by Article 869. This is not applicable to deaths occurring on board Hospital Ships or other non-commissioned ships, which are reported by the Master to the Registrar-General of shipping and seamen.

(3) Form S.46, showing the balance of pay, detailed list of effects, and whether a will has been found (vide Art.1769 King's Regulations) should be forwarded, together (in the case of an Officer) with a statement of account for the current quarter, as soon as possible after death. If the effects are not retained on board ship, particulars of disposal should be furnished.

[Signature]
.....
for Rear Admiral.
Commanding Officer,
Admiral Commanding Iceland (C).

THE CANADIAN
PENSION COMMISSION



Sec. 18-10-41

IN REPLY REFER TO

NO. **225- W**

Copy for the information of the Naval Secretary.

DEPT.
NATIONAL DEFENCE

NOV 21 1941

N.S. *122-B-397*
CANADA

P167841

OTTAWA, **November 21, 1941.**

59

The Chairman,
Dependents' Allowance Board,
Department of National Defence,
O t t a w a.

**Mrs. Florence M. Brown,
270 Sumach Street,
Toronto, Ontario, widow of
A-4212 William I. Brown, R.C.N.**

The above noted widow has been awarded
pension in respect of her husband's death, with effect
from **the 11th of September, 1941, with additional
allowances for her child.**

/TB

B. Simpson, *NK*
for Canadian Pension Commission.

Copy/Naval Secretary.

Noted. I. J.

Noted in Service
Records by *EDM*
(*1.12.41*)

MAIN FILE
CHARGED TO <i>D. Sec.</i>
SINCE <i>18-10-41</i>
REC'D CENTRAL REGISTRY
NOV 22 1941
REFERRED TO

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 Brown, William I. Rating Stoker I
Official No. A-4212 H.M.C.S. Chambly. List 12 / 35
Who* was Discharged Dead on the 10th. September 1941 P.M.

Net sum due on ledger on account of Wages.....	\$7. 41
Proceeds of sale of Effects charged against Wages, brought from the other side	
CASH—	
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....	
Found amongst Effects.....	
Debts collected \$.....	
Cash debited in the Accountant Officer's Cash Acct.....	
If in debt in ledger, amount to be stated (in red ink).....	
Rate of allotment (in words) <u>Seventy Dollars</u> charged to <u>30/9-41</u>	
Name of ship from which transferred <u>"Venture" for "Chambly"</u>	
Total† <u>Creditor</u>	37 41 x

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 H.M.C.S. "Avalon" for "Chambly" amounting to a net balance† Creditor of THIRTY-SEVEN dollars FORTY-ONE cents.

Dated on board H.M.C.S. "AVALON" at ST. JOHN'S
Newfoundland this Seventeenth day of December 1941

Approved [Signature] Pay. Lieutenant, R.C.N.R. Accountant Officer
[Signature] Pay. Sub/Lieut. R.C.N.V.R. Initials of the Assistant Accountant Officer
CAPTAIN R.C.N. Commanding 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.

C.N.S. 46

10M-10-40 (7450)
H.Q. N.S. 815-9-45

Supplementary C.N.S. 46 will be forwarded on completion of sale of effects by H.M.C.S. "Chambly"

* Credited to Naval Estates on H.M.C.S. "Avalon's" ledger adjustment for September Quarter, 1941.

libb
304-42



Department of National Defence

Naval Service

Ottawa, Canada.

September 19, 1941.

IN REPLY PLEASE QUOTE

No. N.S. 123-B-397.

DEPT
NATIONAL DEFENCE

SEP 20 1941

N.S. 123-B-397

P 129350

Sir:

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

<u>NAME</u>	<u>RANK/ RATING</u>	<u>NO.</u>	<u>PLACE & DATE OF DEATH</u>	<u>NEXT OF KIN</u>
BROWN, William Irvin	Stoker I R.C.N.R.	A-4212	Reported by Naval Officer-in-Charge, Iceland, as lost at sea on war service.	Wife: Mrs. Florence Brown, 270 Sumach Street, Toronto, Ont.

WILL: Attached. of wife.

Yours truly,

(J. O. Cossette)
NAVAL SECRETARY.

Administrator of Estates,
Estates Branch,
Department of National Defence,
OTTAWA.



REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. "AVALON" at St. John's, Newfoundland

Name William Irvin BROWN
(Christian names in full)

Rank of Rating Stoker 1st Class Official No. A-4212
(If unknown, date of first entry)

Place of Birth Toronto, Ontario Date of Birth 19th November, 1916

Occupation in Civil Life Stoker Religion Presbyterian

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) 234 days Active Service, R.C.N.R.

Date of Death 10 September, 1941 Place of Death At Sea

Cause of Death ENEMY ACTION, while serving on H.M.C.S. "CHAMBLY"
(If due to accident, violence, or enemy action, particulars to be stated briefly)

during an engagement with a German Submarine

Nearest known relative or friend. { Name Mrs. Florence Brown Relationship Wife
Address 446 Gerrard St. East,
Toronto, Ontario.

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

Date on which death was registered with local Officials N.K.

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

Place of Burial No burial Date of Burial - - - - -
(if known) (if known)

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

Undertaker employed - - - - -
(if any)

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

Commanding Officer,
CAPTAIN, R.C.N.

4th November 1941

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.

P187006

DEC 26 1941

N.S.
CANADA

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 Brown, William I. Rating Stoker I
Official No. A-4212 H.M.C.S. Chambly List 12 / 35
Who* was Discharged Dead on the 10th. September 1941 P.M.

Net sum due on ledger on account of Wages.....	\$ 37.	cts. 41
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—	\$	cts.
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words)..... <u>Seventy Dollars</u> charged to <u>30/9-41</u>		
Name of ship from which transferred..... <u>"Venture" for "Chambly"</u>		
Total..... <u>Creditor</u>	37	41*

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 H.M.C.S. "Avalon" for "Chambly" amounting to a net balance of Creditor of THIRTY-SEVEN dollars FORTY-ONE cents.

Dated on board H.M.C.S. "AVALON" at ST. JOHN'S
Seventeenth
Newfoundland this SEVENTEEN day of December 1941.

Approved [Signature] Pay. Lieutenant, R.C.N.R. Accountant Officer
[Signature] Pay. Sub. Lieut. R.C.N.V.R. Initials of the Assistant
CAPTAIN R.C.N. Commanding 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.

C.N.S. 46

10M-10-40 (7450)
H.Q. N.S. 815-9-45

Supplementary C.N.S. 46 will be forwarded on completion of sale of effects by H.M.C.S. "Chambly"

* Credited to Naval Estates on H.M.C.S. "Avalon's" ledger adjustment for September Quarter 1941. [Signature]

30-4-42.

Force
(Mark X opposite Force in
which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441
1 Mil. 9-44 (5449)
H.Q. 1772-39-2326

Application for War Service Gratuity
(Canadian Armed Forces)

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service..... BROWN (Deceased)
(Print)
2. Christian Names WILLIAM IRVIN
(Print)
3. Service No. A4212 4. Paid rank or rating at date of termination of Service. 1st class
stoker
5. Address, in full, to which payments of gratuity are to be forwarded.....
(Mrs) Florence M. Brown,
33 Doncaster Ave.,
St. Catharines, Ont.

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
NAVY	A4212	1st class stoker	Jan. 20/41	Killed in action Sept. 10/41

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty?..... NO If so, state name of Force or Forces.....
8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)?..... NO If so, state the Force or Forces, with dates of commencement and termination of service.

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

Dec. 6/44
(Date)

Florence M. Brown
(Signature of Applicant)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

Note: Cheque to be made out to
(Mrs) Florence M. Brown (widow)

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz:
Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)

Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.

Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

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

NAME IN FULL

BROWN William Irwin

RANK/RATING

SERVICE MEDAL
Sta 1/c

OFF. NO.

[illegible]

VERIFIED BY

K MacPherson

VERIFIED BY

.....

VERIFICATION FORM

AIR CHIEF MARSHAL, AIR VICE MARSHAL, AIR COMMODORE, AIR COUNSELLOR,
AIR GROUP CAPTAIN, AIR WING COMMANDER, AIR LIAISON OFFICER, AIR STAFF
OFFICER, AIR STATION OFFICER, AIR BASE COMMANDER, AIR FIELD COMMANDER,
AIR SQUADRON LEADER, AIR FLIGHT LEADER, AIR CREW CHIEF, AIR
CREW MEMBER, AIR GROUND CREW, AIR GROUND CREW MEMBER, AIR
GROUNDSWORTHY, AIR GROUNDSWORTHY MEMBER, AIR GROUNDSWORTHY
MEMBER, AIR GROUNDSWORTHY MEMBER, AIR GROUNDSWORTHY MEMBER,
NAVAL STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.
NAVAL GENERAL SERVICE MEDAL (1915).

.....RANK/RATINGOFF.NO.ADDRESS

[illegible]

DEPARTMENT OF NATIONAL DEFENCE
NAVY ARMY AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

Deceased member's

NAME William Irvin BROWN
(CHRISTIAN NAMES) (SURNAME)
Payee: Mrs. Florence M. BROWN
ADDRESS 33 Doncaster Ave.,
St. Catharines, Ont.

REGISTER NO.
FILE NO.
DATE
SERVICE NO. A-4
FINAL RANK OR RATING 8to
DATE OF DISCHARGE 10 Sep/41

DATE OF TERMINATION OF OVERSEAS SERVICE

10 Sep/41

DATE OF DISCHARGE 10 Sep/41

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 233 EQUAL TO 7 COMPLETE PERIODS AT \$7.50

\$ 52.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 139 LESS 23 INELIGIBLE DAYS, EQUAL TO 116 DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION

29.00

SUB TOTAL

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 2.00
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.45
ADDITIONAL PAY H.L.M. \$.13

DEPENDENTS' ALLOWANCE 1/30 OF \$

\$ 1.00
TOTAL \$ 4.58 X7 = \$ 32.06
NO. OF DAYS 116 X\$ 32.06
183

20.32

D. WAR SERVICE GRATUITY

101.82

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)

101.82

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	101.82								
CHEQUE No.	111031								
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
EJD

CHECKED BY

TREASURY
CHECKED BY
V.M. Connor
DATE
6/3/45

for Dir. Naval Pay. Accting.

SERVICE REPRESENTATIVE

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased
Member's Name

William Irwin
(Christian Names)

BROWN
(Surname)

Payee *Mrs Florence M. BROWN.*

Address *33 Doncaster Ave.,
St Catherine's, Ont.*

Register No. *2446*

File No. *A 4212*

Date *14 Dec 44*

Service No. *A 4212*

Final Rank or Rating *STO-1/C*

Date of Discharge *10 Sep 41*

Date of termination of overseas service *10 Sep 41*

A. TOTAL QUALIFYING SERVICE

No. of days *233* equal to *7* complete periods at \$7.50
30

\$ *52.50*

B. QUALIFYING OVERSEAS SERVICE

No. of days *139* less *23* ineligible days equal to *116* days @ 25¢ per day

\$ *29.00*

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay \$ *2.00*
Subsistence or Lodging \$ *1.45*
and Provision Allowance
Additional Pay *H.L.M.* \$ *.13*

Dependents' Allowance 1/30 of \$ *1.00*

Total *4.58* x 7 = \$ *32.06*

No. of days *116* x \$ *32.06*
183

\$ *20.32*

D. WAR SERVICE GRATUITY

\$ *101.82*

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

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

\$ *101.82*

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ _____ of \$ = \$ *101.82*
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>509</i>	6	<i>509</i>
2	<i>509</i>	7	<i>509</i>
3	<i>509</i>	8	<i>509</i>
4	<i>509</i>	9	<i>509</i>
5	<i>509</i>	10	<i>509</i>