

V19140
KNIGHT
HERBERT

RUSSE

DEPARTMENT OF VETERANS AFFAIRS

WAR SERVICE RECORDS

DECEASED 16 April 1945

AWARDS NAVY

D.D.

KNIGHT	Herbert Russel	V-19140	L/S.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
<u>WAR SERVICE</u>				
<u>BADGE</u>				
(CLASS)	No. Nil	DATE DESPATCHED:		

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	1967
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	
M. IN D.	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Nov.45 "ESQUIMALT"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Louise G. Knight - Widow

ADDRESS: ~~Box 697,~~ 10 Victoria Ave. S.
LEAMINGTON, Ont. 13-8-48

(2) MEMORIAL CROSS

WIDOW Mrs. L. G. Knight

ADDRESS: Box 697
LEAMINGTON, Ontario

(3) MEMORIAL CROSS

MOTHER Mrs. L. Knight

ADDRESS: 8 Victoria Avenue
LEAMINGTON, Ontario

MEMORIAL BAR

(1)

DATE DESP

REGN. NO

1994

(2)

4 June 1945

(3)

28 June 1945

CERTIFICATE of the SERVICE of

KNIGHT, Herbert Russel

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
	Windsor, Ontario	V. 19140

Date of Birth.....October 8th, 1920

Place of Birth.....Cotton, Ontario

Place of Residence.....Leamington, Ontario

Trade brought up to.....

Religion.....United Church

Can Swim:—P.P.T. () Date *Passed (Board) 2 Jan 1941*

Yes

P.S.T. () Date 19

Signature

Name and Address of Nearest
Relative or Friend

Louise Knight
Thorn Knight
Clark St. E.
Leamington, Ontario

PARTICULARS OF SERVICE

Date of Actual Volunteering	Date of Enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment
Sept. 1st 1940	Oct. 1st 1940	Duration of war	Ord. Seaman

MEDALS, DECORATIONS, etc.

Date of		Nature of Decoration
Award	Presentation	
	10 Feb 44	Canadian Volunteer Service Medal
	10 Feb 44	6 Clasp Provisional Award
	10 Feb 44	1939-43 Star Provisional Award

PERSONAL DESCRIPTION

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	8	35	142	Blond	Blue	Fair	Scar on 4th finger of lt. hand.
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

TRANSFER BETWEEN DIVISIONS

From	To	Date
Windsor, Ont.	Halifax, N.S.	Nov. 18, 1940

TRANSFER—LISTS A AND B

List	Date	Authority

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
1940	Windsor Div. RCNVR			Ord. Seaman	Oct. 1st	Nov. 3rd	Active Service Windsor Division
1940	Windsor Div. RCNVR			Ord. Seaman	Nov. 4	Nov. 18th	Drafted to Halifax, N.S.
1940	Stadacona			" "	19 Nov '40	5 May '41	
1941	Hochelaga			" "	6 May '41	17 May '41	
"	Venture (Baddeck)	-	-	" "	18 May '41	27 July '41	
"	Sambre (Baddeck)	-	-	" "	28 July '41	6 Aug '41	
"	Venture (Baddeck)	-	-	" "	7 Aug '41	9 Aug '41	
"	Stadacona	-	-	" "	10 Aug '41	18 Aug '41	
"	Annapolis			" "	19 Aug '41	3 Nov '41	
"	Stadacona			A-B	4 Nov '41	5 June '42	
1942	Hochelaga 2 (Fairmiles)			" "	6 June '42	13 June '42	
"	Stadacona (Q.075)			" "	14 June '42	22 June '42	
"	Stadacona			" "	23 June '42	1 Dec '42	
"	Protector			" "	2 Dec '42	3 Dec '42	
"	Protector (QO-53)			" "	4 Dec '42	4 Dec '42	
"	Stadacona (—)			" "	5 Dec '42	18 Dec '42	
"	Stadacona			" "	19 Dec '42	4 Feb '43	
"	Stadacona			" "	5 Feb '43	12 Feb '43	
"	Cornwallis (Swift Current)			" "	13 Feb '43	24 May '43	
"	Stadacona			" "	25 May '43	5 Aug '43	
"	Cornwallis			" "	6 Aug '43	30 Aug '43	
"	Stadacona			" "	31 Aug '43	8 Sep '43	
"	Hochelaga II			" "	9 Sep '43	13 Oct '43	
"	Stadacona (Atholl)			" "	14 Oct '43	8 Feb '44	

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

[illegible]

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
	Avalon ("Atholl")			A/L/SMM(T)	15 Jan 44		113843
	Avalon			A.B.	9 Feb 44	22 May 44	
	Esquimaux			---	23 May 44	24 May 44	
	Stadacona (Esquimaux)			---	25 May 44	24 Sep 44	
	---			---	25 Sep 44	14 Jan 45	31763
	---			Ldg. Ldr.	15 Jan 45	16 Apr 45	D.D. 33846

EXAMINATIONS, NOTATIONS, QUALIFICATIONS

RECORD OF RATING

Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
Nov. 18th/40	Completed Disciplinary Training		MAR 27 1941	Issued Ident. Card No. 21004	
31 Dec 40	Qual A/L 1 day		A/L/SMM(T)	15 Jan 44	Adv. Form 12270 of 21/1/44
3 May 41	Qual + Rated Ret S.D.				
17 May 41	"Sr"				
14 July 43	Qual A/G (2nd Issue)				
4 Nov 41	Confirmed S.D.				
21 Aug 43	Requalified S.D.				
6 Jan 44	Passed Prof for Ldg Sea				
24 Jan 44	SD Cancelled KR-AI 429				

Name KNIGHT, Herbert Russel Conduct

SECOND CLASS FOR CONDUCT (Inclusive Dates)		CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED			
From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
		V.G.	Sat. (O.Smn.)	31 Dec '40	J. Edwards
		V.G.	Sat. (O.Smn.)	31 Dec '41	J. Edwards
		V.G.	Sat. (AB)	31 Dec '42	J. Edwards
		Favor	Mod (AB)	31 Dec '43	J. Edwards
		VG	Sat. (AB)	31 Dec '44	J. Edwards
		V.G.	Super (Ldy Smn)	16 Apr. '45	J. Edwards
R.C.N.V.R. GOOD CONDUCT AND GOOD SERVICE BADGES					
Date	G.S.B. or G.C.B.	1st, 2nd, 3rd	Granted, Deprived, Restored		
NOT ELIGIBLE	90T 42	dysder			
TIME FORFEITED					
Date	P., D.C., C.P., or W.T.	No. of Days			
		Awarded	Served		
28 May 43	D	42			



CANADA

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

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME KNIGHT OFFICIAL NO. V. 19140
CHRISTIAN NAMES Herbert Russel MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS		RELIGION
Leamington, Ontario		United Church
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
Oct. 8th, 1920	Town Cotton, County Essex, Province Ontario	Thory Knight--father Leamington, Ontario

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... <u>5</u>	Inflated..... <u>32</u>	Blond	Blue	Fair	Scar on 4th finger of lt. hand
Inches..... <u>8</u>	Deflated..... <u>34</u>				
Mean..... <u>35</u>					
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
<u>OCT 1 1940</u>	Ord. Seaman	Labourer--H. J. Heinz Co. Leamington, Ontario			

(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.

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

(a) To serve from the date thereof for three consecutive years, ^{and/or for duration of the war} 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 20th day of September, 1940

Signature of applicant Herbert R Knight

(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 20th day of September, 1940

[Signature]
Signature of Commanding Officer.

for Lieutenant, R. C. N. V. R.
Commanding Officer

(D) **OATH OF ALLEGIANCE**

I, Herbert Russel KNIGHT 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 Herbert R Knight

Witness Cliff Hatch

Date Sept. 20th, 1940

Rank A/Sub Lieut.

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

(E) **CERTIFICATE OF DIVISIONAL COMMANDING OFFICER**

Herbert Russel KNIGHT 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 WINDSOR Division of the R.C.N.V.R.

[Signature]
Commanding Officer.

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

SEAMAN BRANCH.

COPY

APPLICATION FOR, AND REPORT OF RESULTS OF

PROFESSIONAL EXAMINATION.

FOR THE RATING OF..... LEADING SEAMAN.

Noted on "STADACONA" 249a

folio No A7893 dated 28/1/49

1.-- APPLICATION FOR EXAMINATION--

H.M.C.S. ATHOLL.

Name of Candidate in FULL KNIGHT Herbert Russell.

Present Rating..... A.B. O.N. V-19140.

Port Division..... HALIFAX.

Date of Application for Examination..... 6th January 1944.

Date and Particulars of Previous Failures:-

....NIL....

(1) The Candidate has served the requisite period of time, he is fully eligible for examination, and has the necessary recommendations required by the Regulations.

(2) He has carried out the duties of helmsman satisfactorily.

(3) I am satisfied that he possesses the necessary qualities which with further experience will fit him to make an efficient Petty Officer/Leading Seaman; and I consider that he has a reasonable chance of passing.

To PRESIDENT SQUADRON EXAMINATION BOARD

H.M.C.S. STADACONA.

M. J. Gardiner
Captain.

Notes--

(A) This application is to be submitted (in duplicate) to the Administrative Authority, together with the Service Certificate, History Sheet and Form S.264 written up specially, for the examination and signed by the Commanding Officer.

(B) On completion of the examination, Form S.441 in duplicate, is to be forwarded to the candidate's ship, the Commanding Officer of which is to insert the basic date of passing the examination. One copy of the Form is then to be forwarded to the Administrative Authority, the other being forwarded to the Report. In the case of failure, one copy is to be forwarded to the Administrative Authority, the other being retained with the candidate's papers for future reference. Failures are to be noted on Form S.264 (Divisional Record Sheet.)

11. -- RESULT OF EXAMINATION --

Section 1.

Whether "Passed" or "Failed".....
 If passed state whether "V.G." (85% and above), "Good" (70% to 85%)
 or "Fair" (below 70%)

Section 11.

SUBJECT	Maximum Marks.		Marks Required		Marks Obtained	
	P.O.	L/Sea.	P.O.	L/Sea.	On Exam.	On Re-Ex.
Rigging	50	50	25	25	35	
Anchor Work.....	60	60	30	30	45	
Boat Work	80	80	40	40	40	
General Duties.....	80	80	40	40	71	
Organization.....	40	20	20	10	12	
Signals	30	30	15	15	28	
Watertight Fittings	20	20	10	10	11	
Duties in Part of.						
Ship & Mess.		20		10	15	

REMARKS:-

The Candidate has:-

(1) Passed a ~~V.G.~~ / Good / Fair - Examination.
 (V.G. 85% and above, Good 70% to 85%, Fair below 70%)

(2) Failed as indicated above.

He is recommended for re-examination by his own ship's Officers in the subjects indicated above in accordance with K.R. Appendix XII, Part 22A Clause 8 (b).

DATE. 13th January 1944.....

President of the Board.

Dandidate's Signature (IN FULL).....

Basic date of passing professionally for.....
 (K.R. & A.I. App. XII, Part 22A Clause 7 & 8)

is.....

Re-Examined by Ship's Officers in relevant subjects of Section 11 on Board.

H.M.C.S. ON.....19.....

DATE.....

Forwarded, the necessary notation has been made on the Service Certificate.

The Commanding Officer,
 R.C.N. Barracks.,

CAPTAIN

H.M.C.S.....

DATE.....

Name KNIGHT Herbert Russell
 Sub-Rating and Seniority AB 4 NOV 41 Non-Sub SD 4 NOV 41
 O.N. V-19140 S.B. No. _____ W.B. No. _____
 Joined Ship 14 OCT 1943 from STAD.
 Engagement: Period Host Expires _____
 Date of Birth 8 OCT 1920 Religion United Church
 Character V.G. Efficiency SAT Date 6TH Jan 44
 Badges NK Class for Conduct 1st Class for Leave 1st

Date due for: Next Badge _____
 Progressive Pay _____
 L.S. & G.C. Recommended _____

Advancement.	Wishes to Pass?	Recommended?	Date Qualified?
Educ. Test Pt.1	_____	_____	_____
Higher Educ. Test.	_____	_____	_____
Professional or higher Sub-rating	_____	_____	_____
do Non-Sub.	_____	_____	_____

(For ordinary Seamen Form T.S.34 (S.536D) must be used in addition).

Any Non-Service Attainments _____

Swimming Qualification good
 Athletic capabilities average good at Basketball
 General Remarks (including intelligence, energy, initiative, powers of command).
Intelligent rating, good worker.
Below average SD. A good seaman
with average initiative and power of command

H.M.C.S. "ATHOLL"

X

Osborne, LT VR
 Officer of Division.

Date 6TH Jan 44

Notes:—(1) This form is to be kept for each rating by the Officer of his Division.

(2) The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.

(3) On a rating changing his Ship or Establishment, Form S.264 is to be transferred with his other papers for the information of the next Officer of Division.

P.T.O.

Name KNIGHT, H.
 Sub-Rating and Seniority A/B Non-Sub S.D.
 O.N. U19140 S.B. No. _____ W.B. No. _____
 Joined Ship _____ from _____
 Engagement: Period _____ Expires _____
 Date of Birth _____ Religion _____
 Character _____ Efficiency _____ Date _____
 Badges _____ Class for Conduct _____ Class for Leave _____
 Date due for: Next Badge _____
 Progressive Pay _____
 L.S. & G.C. Recommended _____

Advancement.	Wishes to Pass?	Recommended?	Date Qualified?
Educ. Test Pt.1	_____	_____	_____
Higher Educ. Test.	_____	_____	_____
Professional or higher Sub-rating	_____	_____	_____
do Non-Sub.	_____	_____	_____

(For ordinary Seamen Form T.S.34 (S.536D) must be used in addition).

Any Non-Service Attainments _____

Swimming Qualification _____

Athletic capabilities _____

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

*Passed S.D. refresher course 78% -
 This rating could be more serious -
 inclined towards sky-larking*

H.M.C.S. " *4th school* " *John Racine S/LT.*
 Officer of Division.

Date *29/8/43*

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

P.T.O.

Name *Knight, Herbert Russell*
 Sub-Rating and Seniority *O.S. 1st* Non-Sub. *act. S.D.*
 O.N. *019140* S.B. No. W.B. No.
 Joined Ship *19 Aug '41* from *"Stadacona"*
 Engagement: Period *Duration* Expires *Hostilities*
 Date of Birth *8th Oct. 1920* Religion *United Church*
 Character *V.G.* Efficiency *Sat* Date *6th June, 1942*
 Badges Class for Conduct Class for Leave

Date due for: Next Badge

Progressive Pay

L.S. & G.C. Recommended

Advancement. Wishes to Pass? Recommended? Date Qualified?

Educ. Test Pt. 1

Higher Educ. Test.

Professional for
higher Sud-rating

do Non-Sub.

Any Non-Service Attainments

Swimming Qualification

Athletic capabilities

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

*Showed keenness but occasionally
 lacked concentration. Should make
 a good operator - has eager to
 learn and energetic*

H.M.C.S. "Annapolis"

Date *6th June, 1942*

[Signature]
 Officer of Division.

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

Name Knight Herbert Rosset
 Sub-Rating and Seniority Ord. Seaman Non-Sub.
 O.N. Vigix0 S.B. No. W.B. No.
 Joined Ship H.M.C.S. STADACORA 21/11/40 from WINDSOR D.V.
 Engagement: Period Duration of War Expires
 Date of Birth October 8 1920 Religion United Church
 Character VERY GOOD Efficiency GOOD Date 4th Jan 1941
 Badges Nil Class for Conduct Class for Leave

Date due for: Next Badge

Progressive Pay

L.S. & G.C. Recommended

Advancement. Wishes to Pass? Recommended? Date Qualified?

Educ. Test Pt. 1

Higher Educ. Test.

Professional for
higher Sub-rating

do Non-Sub.

(For Ordinary Seamen Form T.S. 34 must be used in addition)

Any Non-Service Attainments

Swimming Qualification

Athletic Capabilities

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

An energetic and intelligent rating.

H.M.C.S. " Stadacora "

L. E. Leigh
Officer of Division.

Date 4th Jan 1941

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

Name KNIGHT, Herbert Russel
Sub-Rating and Seniority Ord. Seaman Non-Sub. A/S.D. 3-5-41.
O.N. V 19140 S.B. No. W.B. No.
Joined Ship Windsor Div. R.C.N.V.R. from Shore
Engagement: Period Duration of war Expires
Date of Birth October 8th, 1920 Religion United Church
Character Good Efficiency Satisfactory Date Nov. 18th/40
Badges Nil Class for Conduct Class for Leave

Date due for: Next Badge
Progressive Pay
L.S. & G.C. Recommended

Advancement.	Wishes to Pass?	Recommended?	Date Qualified?
Educ. Test Pt. 1	<u> </u>	<u> </u>	<u> </u>
Higher Educ. Test.	<u> </u>	<u> </u>	<u> </u>
Professional for higher Sub-rating	<u> </u>	<u> </u>	<u> </u>
do Non-Sub.	<u> </u>	<u> </u>	<u> </u>

(For Ordinary Seamen Form T.S. 34 must be used in addition)

Any Non-Service Attainments

Swimming Qualification

Athletic Capabilities

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

Average rating, keen + intelligent.

H.M.C.S. "Windsor Div. RCNVR" "

Date November 18th, 1940

Griffiths
Officer of Division
Lieutenant, R. C. N. V. R.
Commanding Officer

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

S.—1246 J.
(Established—July, 1924)
(Revised—July, 1939)
1M—6-40 (5590)
N.S. 815-9-1246j

TO BE ATTACHED TO
COPY OF SERVICE
CERTIFICATE.

Submarine Detector History Sheet

Name KNIGHT H.

Port Division R.C.N.V.R.

Official No. V-19140

This History Sheet is to be kept attached to the Service Certificate until Final Discharge from the Service when it is to be handed to the Rating.

I.

Examination Record

Submarine Detector Instructor.

[illegible]

Submarine Detector Instructor Requalifying.

[illegible]

Higher Submarine Detector.

[illegible]

Higher Submarine Detector Requalifying.

[illegible]

Obtainable.....	200	50	75	50	—	150	100	50	100	200	25	—	1000					
Required.....	130	33	49	33	—	98	65	33	65	130	15	—	700					
Obtained.....																		

Higher Submarine Detector Requalifying.

Obtainable.....	—	—	75	50	—	150	100	—	100	200	25	—	700					
Required.....	—	—	45	30	—	90	60	—	60	120	15	—	420					
Obtained.....																		
Obtained.....																		
Obtained.....																		
Obtained.....																		

Submarine Detector.

Obtainable.....	300	—	—	75	—	200	100	100	100	100	25	—	500 1000 300 800					
Required.....	180	—	—	45	—	120	60	60	60	60	15	—						
Obtained.....		COMPLETED SHORTENED WAR COURSE												334	70.8	QUAL		

3.5.41.

'U' CLASS A/S SCHOOL HALIFAX N.S.

Submarine Detector Requalifying. REFRESHER.

Obtainable.....	—	—	—	75	—	200	100	100	100	100	25	—	700					
Required.....	REF. E-			45		120	60	60	60	60	15	—	420					
Obtained.....																		
Obtained.....																		
Obtained.....																		
Obtained.....																		

21.8.43

REF. E-

A/S.

SC2002.

CORNWALLS.

78. Qual. 4th Very Good

8/4/43

Acting Submarine Detector.

COMPLETED SYLLABUS IN ACCORDANCE WITH
CURRENT C.A.F.O.

Record of Service as Submarine Detector (ASDICS)

Date		SHIP	Sub. Rating	S.D.O. or Acting S.D.O.	Set, Type No.	Operation of Asdic Set		REMARKS	Initials of Captain
From	To					Ability	Experience (Months)		
7-4-41	18-5-41	STADACONA	OD	A1SD		SEE EXAM RESULTS			
8-5-41	19-8-41	BADDECK	OD	A1SD	123A		23/4		
9-8-41	6-5-42	ANNAPOLIS	AB	SD	124				
7-5-42	26-9-42	CORNWALLIS	AB	S.D.					
6-8-42	5-10-42	R. D. 55	AB	S.D.					
5-10-42	3-12-42	CORNWALLIS	AB	S.D.					
12-42	11-1-43	R. D. 53	A.B.	S.D.					
1-1-43	12-2-43	STADACONA	A.B.	S.D.					
22-43	24-5-43	SHIFT CURRENT	AB	S.D.					
5-5-43	9-8-43	STADACONA	AB	SD					
8-43	30-8-43	CORNWALLIS	A.B.	S.D.		V.G.	See MF Results.		
0-9-43		STADACONA	A.B.	S.D.					
10-43		FITHOLL	AB	S.D.				K-25-75-429 SD rate cancelled 4/14/44	

[illegible][illegible]

Record of Service as Submarine Detector (Other A/S Devices)

[illegible]

Recommendations for H.S.D. or S.D.I.

[illegible]

Special Qualifications.

[illegible]

Field Training Course in "Osprey."

[illegible]

Annual Musketry Courses.

[illegible]

TRADE CERTIFICATE

For directions for completing this form, see Article 610, K. R. & A. I.

SEAMAN BRANCH SUBMARINE DETECTOR RATINGS

..... * has received months' training in Electrical and Submarine Detection Work in the Naval Anti-Submarine School during the course of his service in the Royal Navy. He has been employed on Electrical and Submarine Detection Work as shown below:—

	(a)†	(b)†	(c)†
Secondary Batteries and Wiring Circuits
Electric Motors and Generators.....
Valve Transmitting and Receiving Circuits
Under-Water Listening Apparatus.....
Echo-Sounding (Shallow Water Type).....

(a) Efficiency.†
(b) Experience in use of, expressed in years.
(c) Experience in care and maintenance, and small repairs, expressed in years.

His Character during Service was §.....

His General Efficiency in carrying out his duties was §.....

His Efficiency on Discharge was assessed as §.....

SPECIAL REMARKS †††

(Signed).....
Commanding Officer

Name, substantive and non-substantive ratings in full.
† To be inserted by a qualified A/S Officer from the Rating's S/D History Sheet.
‡ Insert "superior," "satisfactory," "moderate," or "inferior."
§ See Art. 610, K. R. & A. I., clauses 3 to 7.
††† Include power of command, intelligence, initiative, energy, and any qualification not otherwise recorded.

Vocational Training Certificate

(To be filled up on completion of a Vocational Training Course other than a Correspondence Course.)

Vocation.....

We certify that (Name)

(Residence).....

has satisfied us that he possesses a**..... knowledge of the vocation mentioned, and we consider that ††.....

Examiners.....

Business and Business Address.....

Date of Examination.....

(Signed)..... President.

..... Vocational Training Committee. §§

**Here insert qualification.

†† Special notation as applicable.

§§ Vocational Training is optional.

FREQUENCY DISCRIMINATION and HEARING

H. M. C. S. "CORNWALLIS"

HALIFAX, N. S.

Date. 16.2.43.....

Frequency Discrimination
Index

36.5

Loss of Hearing
in Decibels
Left Right

0 . 10 .

Medical Records (24 hours)

Medical Officer

OPERATIONAL CAPABILITIES

Lieutenant (A/S)

FREQUENCY DISCRIMINATION and HEARING

H.M.C.S. "CORNWALLIS"

HALIFAX, N.S.

Date. 16.2.43

Frequency Discrimination
Index

36.5

Loss of Hearing
in Decibels
Left Right

0 . 10 .

medical Records (extract)

Medical Officer

OPERATIONAL CAPABILITIES

Lieutenant (A/S)

History Sheet

KNIGHT H

RCNVR

ONE

NAME IN FULL KNIGHT Robert James RANK/RATING 4/5 (Det) OFF. NO. 19140 ADDRESS

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS							STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL			
	4.11.40											1939-45	1	Star
Baddock	18.5.41	9.8.41	84	atl.								ATLANTIC	1	Star
Annapolis	19.8.41	5.6.42	291	atl.								FRANCE G.		
M.L. 075	23.6.42	1.12.42	162	atl.								AFRICA		
M.L. 053	5.12.42	4.7.43	62	atl.								PACIFIC		
Swift Current	13.2.43	24.5.43	101	atl.								BURMA		
Asholl	14.10.43	22.5.44	222	atl.								ITALY		
Esquimaux	25.5.44	16.4.45	227	atl.								DEFENCE		
Which "Head" to date 16.4.45												C.V.S.M.	2	Clasp
												" CLASP		
												WAR 1945	1	Medal
												WAR 1915		
												VERIFIED BY <i>J. H. Podvin</i>		
VERIFIED BY <i>J. H. Podvin</i>				VERIFIED BY								DIR. OF PERSONNEL RECORDS.		



P071519

Can. B. 207

DEPT.
NATIONAL DEFENCE

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

OCT -7 1940

N.S. 113-K-243

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 Herbert Russell Knight 2
candidate for entry as Ordinary Seaman
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.

Age (Years Months) (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or re-vaccinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Varicocele, etc. (n)	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc. (o)	Anus, Hemorrhoids, etc. (p)	
19 1/2	142 lbs.	5-8 ft. ins.	Good	inches (a) maximum 37 (b) minimum 34 (c) mean 35	right eye 6/5 left eye 6/5 colour vision N	Unvaccinated 1933	Normal * X-Ray Neg.	Normal	Refused Normal	Normal	N. E. Low 20/40 N. E. " 6. 20/40	Normal	1 Defect	Wore throat N.	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.

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

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

Dated at Windsor, Ontario the 20th of September 1940

Examining Medical Officer

(Rank) At. Col. Reamer

H.M.C.S. ".....

SWIFT CURRENT

113-K-243,,

10

Warrant No. 2, dated 28th May, 19 43.

[The Warrants are to be numbered consecutively from the Date of the Ship being commissioned.]

P138604

For..... D E T E N T I O N

(a) WHEREAS it has been represented to me by Lieutenant James William DONNELLY
Royal Canadian Naval Reserve

that on the 24th day of May 19 43 ,

Name..... Herbert Russell KNIGHT

Date of Birth..... 8th October, 1920

Rating..... Able Seaman, Royal Canadian Naval Volunteer Reserve

Official Number..... V.19140

Good Conduct Medal..... No

Good Conduct Badges..... Nil

Date of Entry in Ship..... 12th February, 1943.

List and Number on Ship's Book..... 12¹¹/72

Date of First Entry in H.M. Service..... 1st October, 1940

Class for Conduct..... First

Character assessed to date, from the last annual assessment, but not including this offence

Very Good

Class for Leave..... First

Did [Insert full particulars of Offence.] sleep on his watch, when on duty at the Asdic set on board
His Majesty's Canadian Ship "SWIFT CURRENT" at about 0715.

I do hereby adjudge him the said Herbert Russell KNIGHT

Insert below in the proper columns the particulars of the punishment.

†To be imprisoned in			†To be kept in detention in		Confined in Cells on Board		Disrated to	Deprived of Medal	Deprived of Badges, No.	Whether reduced to 2nd Class for Conduct	Days				Whether Reduced to Lower Class for Leave	Grog stop-ped Days	Other Punish-ments
Name of Gaol*	For Days	With Days H.L.	Name of Place of detention*	For Days	No. of Days	Diet					10	15	Leave stop-ped	Pay forfeited			
			Military Detention Barracks, DEBERT, N.S.	42						No					No		
										No					No		

*The name of the place of confinement is not to be filled in when the Officer ordering the imprisonment or detention is in the presence of a Commander-in-Chief or Senior Officer (see Article 770, Clause 2).

†See page 4 for proposal to award imprisonment, detention or disrating.

C.N.S. 271
20M-9-42 (6061)
N.S. 815-9-271Noted in Service
Records by.....

Before awarding the foregoing punishment, (b) I did, on the 25th day of May, 1943, personally and publicly, in the presence of the Accuser and Accused, investigate the matter, and having heard the evidence of Lieutenant James William DONNELLY, Royal Canadian Naval Reserve and Sub-Lieutenant Keith HUFFMAN, Royal Canadian Volunteer Reserve (Temporary).

in support of the charge as well as what the Accused had to offer in his defence, and ~~the evidence~~
~~of (c)~~

He calling no one

~~whom he called~~ on his behalf, I consider the charge to be substantiated against him, and [taking into consideration that this is the First Offence registered against him in the Conduct Book or Conduct Sheet], I adjudge him to be punished as aforesaid (d).

Given under my hand on board His Majesty's Canadian Ship "SWIFT CURRENT" at
-----, the 28th day of May 1943

John Evelyn Lt. R.C.N.R. Captain
Lieutenant, R.C.N.R.

J. W. Donnelly Lieutenant, R.C.N.R. {Signature and Rank
of Complainant

NOTE.—No avoidable delay should take place in the investigation of the complaint, or in the prompt infliction of the punishment after the investigation is completed. If any substantial delay has taken place the reason thereof is to be stated in the space below.

(a) When the Offence has been committed under the immediate observation of the Captain, the Warrant should run—"Whereas I did observe—"

(b) If the Offence has been committed under the immediate observation of the Captain, the Warrant should run thus:—

"I did, on the _____ day of _____, in presence of (insert name of Executive Officer, or of the Watch, as the case may be), and having heard what the Accused had, etc.—"

(c) If the Accused does not call any witnesses the fact should be stated.

(d) If the man is sentenced to imprisonment or detention, and there is not a proper place of confinement to which he can be sent at once, and if it is not intended to keep him in close custody on board until a proper place of confinement is available, the following words are to be added:—

"The said imprisonment (or detention) to take effect from the date on which he is received into a proper place of confinement, subject to the provisions of Section 74, Clause 2, of the Naval Discipline Act."

NOTE.—When under the sanction of the Regulations of the Service, two or more of the foregoing punishments are awarded to the same individual for the same Offence or Offences, one Warrant will suffice; but the greatest care is to be taken in all cases to specify distinctly the nature, duration, or extent of the Punishment ordered.

Warrant Number 2 dated and read by me this 28th day of May, 1943.

Signature *J. W. Donnelly* Rank *1st Lt.*

[illegible]

H.M.C.S. "SWIFT CURRENT"

..26th May.....19 43

I beg to submit that the offence disclosed on page 1 hereof may be dealt with summarily.

If you approve, the following sentence is considered suitable:—

King's Regulations
Art. 707 (1).

*42..... { days { ~~Imprisonment with hard labour~~ }
* { calendar months { Detention } }
XXXX

~~in addition to the other punishments indicated~~

Art. 776 (2).

~~To be degraded to~~ XXXX

~~in addition to the other punishments indicated~~

Art. 752 (2).

*As indicated on page 1.

2. The Accused's Service Certificate and Conduct Sheet are ~~enclosed~~ not available.

I am,

SIR,

The Commodore, Halifax,

Your Obedient Servant,

H.M.C. Dockyard,

Halifax, Nova Scotia.

John Evelyn L. R.C.N.R.
Lieutenant, R.C.N.R.

CAPTAIN (D)

HALIFAX

MAY 26 1943

*To be struck out when not applicable.

Remarks as to any excess, undue leniency, or irregularity in the above proposals:—

Approved.

Signature

COMMODORE SECOND CLASS
ROYAL CANADIAN NAVY.

The Officer Commanding

Rank

H.M.C.S. "SWIFT CURRENT"

When the necessary approval has been obtained, the particulars should be entered on page 1 of the Warrant, which should then be dated and read to the offender (see Arts. 754 (1) and 755 of the King's Regulations) without any unnecessary delay.

MMO/BJ

N.S. V-19140 (PERS.N)(P-11).

Adjustment of Advances Under Article 367, Paragraph 113A
of Canadian Naval Regulations.

Herbert Russell Knight, Ldg.Sto., O.No. V-19140
D.D. 16th April, 1945, H.M.C.S. "ESQUIMALT".

74

Authorized payments for 6 months May to October, 1945, inclusive.		
6 months Assigned Pay @ \$30.00 - \$180.00		
6 months Dependents' Allowance @ \$37.20 - 223.20		\$403.20
Pension for 6 months @ \$60.00	\$360.00	
Advances for 2 months May and June, 1945, @ \$67.20	\$134.40	
Recovery at pension rate for May and June deposited by Official Receipt 60-57545		\$120.00
Pension for child refunded in error, deposited by Official Receipt 60-57545		\$29.52
Adjustment by Cheque	\$58.32	
	<u>\$552.72</u>	<u>\$552.72</u>

NOTE: Pension \$15.00 awarded for child effective 2nd May, 1945, but no Dependents' Allowance in force.

L. Reid
DIRECTOR OF NAVAL PAY ACCOUNTING.

OTTAWA, Ontario,
20th August, 1945.

5th September, 1945.

NS.V-19140
(Pers.(N) (P-11))REGISTERED

Dear Madam:

Under Canadian Naval Regulations, the widow of a Naval rating is entitled, for the first six months following the date of casualty, to a monthly payment as authorized by the Dependents' Allowance Board.

These payments are made pending decision as to award of pension by the Canadian Pension Commission. Should pension be granted and made retroactive to cover the same or part of the same period for which these payments are made and is less than the authorized monthly payments, an adjustment is made and a remittance for the difference is forwarded to the party entitled thereto.

For May and June, 1945, you received authorized payments as follows:--

Assigned Pay.....	\$30.00
Dependents' Allowance..	37.20
	<u>\$67.20</u>

Pension for a widow being \$60.00 only, you are therefore entitled to the difference between pension and authorized payments for the months of July to October, 1945, being a total of \$28.80.

Pension was awarded on behalf of your child at \$15.00 per month, effective 2nd May, 1945 and the amount of \$29.52 inadvertently passed to this Directorate.

Official Cheque No. 064849 in the amount of Fifty-Eight Dollars and Thirty-Two Cents (\$58.32), is herewith enclosed in adjustment.

Yours truly,

--Encl.--

DIRECTOR OF NAVAL PAY ACCOUNTING.

Mrs. Louise G. Knight,
Box 697, Leamington, Ontario.

M. M. O.

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 Knight, Hebbert Rating L/Smn.
Official No. V19140 H.M.C.S. Esquimalt List 12/2/20
Who* D.D. on the 16 Apl. A.M. 19 45

Net sum due on ledger on account of Wages.....	\$	cts.
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, brought from the other side.....	\$	cts.
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. <u>165-093026</u>	34	80
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).....charged to.....		
Name of ship from which transferred.....		
Total†.....	34	80

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.
ESQUIMALT amounting to a net balance† Creditor
of Thirty Four dollars Eighty cents.

Dated on board H.M.C.S. Stadacona at Halifax N.S.
this Seventh day of June 19 45

Approved [Signature] Accountant Officer
LIBUT. (S) R.C.N.V.R.
[Signature] { Initials of the Assistant Accountant Officer
A/CAPTAIN R.C.N.V.R. 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.

ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the..... day of..... 19.....

[illegible]

..... { Lieutenant or Officer who
attended at the sale
of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*

.....SignatureSignature
.....RankRank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.

58

When entered F.B. Date of appearance Whither discharged D.D.

		\$	c.																														
CREDIT from former account.....		3	74																														
Pay as.....	L/Smn. from 1 Apl. to 30 Apl. (30 days at \$2.10 a day)	63	00																														
"	H.I.M. " 1 Apl. " 15 Apl. (15 " .25 ")	3	75																														
"	G.M. " 1 Apl. " 15 Apl. (15 " .06 ")		90																														
"	" " " (" " ")																																
"	" " " (" " ")																																
Kit Upkeep Allowance.....		1	81																														
OTHER CREDITS:																																	
Total credits.....		73	20																														
DEBT from former account.....																																	
PAYMENTS:—	<table border="1"> <thead> <tr> <th>1st</th> <th>2nd</th> <th>3rd</th> <th>4th</th> <th>5th</th> <th></th> </tr> <tr> <th>\$ c.</th> <th>\$ c.</th> <th>\$ c.</th> <th>\$ c.</th> <th>\$ c.</th> <th></th> </tr> </thead> <tbody> <tr> <td>1st month.....</td> <td></td> <td></td> <td></td> <td></td> <td>Total.....</td> </tr> <tr> <td>2nd month.....</td> <td></td> <td></td> <td></td> <td></td> <td>Total.....</td> </tr> <tr> <td>3rd month.....</td> <td></td> <td></td> <td></td> <td></td> <td>Total.....</td> </tr> </tbody> </table>	1st	2nd	3rd	4th	5th		\$ c.	\$ c.	\$ c.	\$ c.	\$ c.		1st month.....					Total.....	2nd month.....					Total.....	3rd month.....					Total.....		
1st	2nd	3rd	4th	5th																													
\$ c.	\$ c.	\$ c.	\$ c.	\$ c.																													
1st month.....					Total.....																												
2nd month.....					Total.....																												
3rd month.....					Total.....																												
Allotment.....	30.00 A.P. 8.40	38	40																														
Pension deduction (Officers) charged to..... of.....																																	
Hospital stoppages.....																																	
Mulcts.....																																	
OTHER CHARGES:	XXXXXXXXXXXXXXXXXXXX Balance Credited to Naval Estates Present War by Official Receipt #165-093026	34	80																														
Total debits.....		73	20																														
Balance Cr. or Dr.		NIL																															

Number of days actually victualled during period mentioned above.....15

[illegible]

Date.....7 June.....19 45

LIEUT. (S) R.C.N.V.R.
FOR ACCOUNTANT OFFICER

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

26 April, 1945.

Sir:

(Date)

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
<u>KNIGHT, Herbert Russel</u>	<u>Leading Seaman</u>	<u>V-19140, R.C.N.V.R.</u>
<u>DATE OF ENLISTMENT - 1 October, 1940. Active Service: 4 November, 1940.</u>		
<u>DATE OF DISCHARGE - 16 April, 1945.</u>		
<u>HOSPITAL -</u> (If discharged in hospital under jurisdiction of D.P. & N.H.)		
<u>SERVICE -</u> Canada & High Seas (Indicate whether in Canada only; or in Canada and the high seas or elsewhere)		
<u>Reason for discharge and -</u> when and where any disability was incurred, or where death occurred.		
<u>"DEAD". Killed in action - due to enemy action.</u> <u>Body recovered and buried in Canada.</u>		

(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. Louise G. Knight,

ADDRESS - Box 697, Leamington, 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.

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MARRIAGE ALLOWANCE, DEPENDENT'S ALLOWANCE, etc.

MAILED
C.R. BY MB

C. R.
P. A.
TREASURY OFFICE
DATE <u>19/6/45</u>
INITIAL <u>D. J. R.</u>

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. Louise G. Knight 697 Box Leamington Ont.	Wife	see other side	See other side

	<u>D. A.</u>	<u>A.P.</u>	<u>TOTAL</u>
Monthly rate:	37.20	30.00	67.20
TO Whom Paid:	Mrs. Louise G. Knight		
Address:	Box 697 Leamington Ont.		
Date of Enlistment:	See otherside		
Date of Discharge:	April 16/45.		
Inclusive date to which D.A. and/or A.P. was Paid:	March 31/45		
The final deduction of Assigned Pay for	April/45		
has been made for the period from 1st to	16th	of	April 1945

Remarks:

Allotter discharged DEAD April 16/45.

Computed by MS.S. 24/1/45.

Checked by

for

Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service).

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

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

NAVY

DECEASED
MEMBER'S
NAME

Herbert Russell

KNIGHT

(CHRISTIAN NAMES)

(SURNAME)

PAYEE
ADDRESS

Mrs. Louise G. Knight,
Box 1021,
Leamington, Ont.

REGISTER NO.

10808
NS. V-19140

FILE NO.

16th July '45.

DATE

V-19140

SERVICE NO.

L/8mn.

FINAL RANK OR RATING

16th Apr '45.

DATE OF DISCHARGE

DATE OF TERMINATION OF OVERSEAS SERVICE

16 Apr '45.

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1583 52
EQUAL TO COMPLETE PERIODS AT \$7.50

\$390.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 1249 LESS 23 INELIGIBLE DAYS, EQUAL TO 1226 DAYS @ 25C. PER DAY

306.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 2.10
SUBSISTENCE OR LODGING \$ 1.45
AND PROVISION ALLOWANCE
ADDITIONAL PAY H.L.M. \$.13

DEPENDENTS' ALLOWANCE 1/30 OF \$ 37.20 \$ 1.24
TOTAL \$ 4.92 X7 = \$ 34.44
NO. OF DAYS 1249 X \$ 183

34.44
34.44

235.06

D. WAR SERVICE GRATUITY

931.56

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE
AND ASSIGNED PAY \$

N11

OTHER DEDUCTIONS

F. TOTAL AMOUNT PAYABLE

931.56

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

= \$ 931.56

Cheque 45658 - July 27/45

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

PREPARED BY
JSP

CHECKED BY

TREASURY

CHECKED BY

DATE

for Dir. Naval Pay Accounting

SERVICE REPRESENTATIVE

10808

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

Name of Deceased Member Herbert Russell KNIGHT Rank or Rating PL/SMN (TY) O. No. V19140

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

D.A. \$ 37.20
A.P. \$ 30.00
D.A. -
A.P. -

Wife
Mrs Louise G. KNIGHT
Box 697, Leamington
Ont.

2. Pension awarded or being awarded to:

No record to date

3. War Service Gratuity Application(s) received from:

Wife
Mrs Louise G. KNIGHT
Box 1021
Leamington, Ont.

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

(X) To be paid to:

Mrs Louise G. KNIGHT - wife
- and -

In the full
proportion of: /

to:

In the
proportion of: /

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

Group "B" (ii)

Group "C" of the above mentioned Directive.

Date 9 July '45

Ronald J. Thorne, C.P.O. WTR.
for D.N.P.A. (G) DNJ

W.S.G. Application No. 10 808✓

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

FILE NO. N.S. V-19140✓

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

Knight Herbert Russell✓ V-19140✓ AB 4/5 (T4)
SURNAME CHRISTIAN NAMES OFFICIAL RANK OR RATING
IN FULL NUMBER ON DISCHARGE

CAUSE OF DISCHARGE: dead (H.M.C.S. Loguinault)✓
Applied for by wife.....D.A. \$37.20.....A.P. \$30.00.....

TOTAL SERVICE
Date of Active Service 1 Oct 40 4 Nov 40
Date of Discharge 16 Apr 45✓
Total No. of Days 1659 1625
Less non qualifying service 42✓

1461
27
31
31
28
31
16
1625

Total Days 1583
1617✓

OVERSEAS SERVICE
% Total No. of Days 1249✓
Less non qualifying service nil

Total Days 1249✓

Record of Service in other Forces (per Naval Records)

Branch of Service _____
Date of Active Service _____
Date of Discharge _____

& % Overleaf

Computed By Janet Woodley
Checked By J.H. Lons

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

DATE: JUN 26 1945

O.O.F. D.A.

NON QUALIFYING SERVICE

(#)	Date	Reason	No. of Days	
	28 May '43	Retention	42	42
"		"		
"		"		
"		"		
"		"		
"		"		
"		"		
			Total days	42 42

(%) OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
Baddick	18 May 41	27 July 41 9 Aug 41	84
Annapolis	19 Aug 41	5 June '42	291
Fairmile Q 075	23 June 42	1 Dec '42	162
Q. 053	5 Dec 42	4 Feb 43	62
Swift Current	13 Feb '43	24 May '43	101
Atholl	14 Oct '43	22 May '44	222
Esquimalt	25 May '44	16 Apr '45	327
			<u>1249</u>

14	365	8	27	16	18	365
30		31	31	31	30	
31	Less 25	31	4	30	31	14
9	31	30		24	31	24
	18	31	62	101	29	38
	74	30			31	
	291	1			30	327
					22	
		162			222	

HONOURS AND AWARDS

Name: **KNIGHT, Robert Russell (Deceased)**

Rank and Service: **Leading Seaman, RCNVR (V-19140)** ^(R) ^(b)

Home Address: **Wife: Mrs. Louise G. Knight,
Box 697, Leamington, Ont.**

Award: **M. in D. (Posthumous)**

Date gazetted: **1.1.46**

Previous award, with date:

Citation:- **"After the torpedoing of HMCS ~~QUESQUIMAIT~~ ^{QUESQUIMAIT}", Leading Seaman Knight found himself on a carley float which was overcrowded and without hesitation swam to another. Later, he re-entered the water and took a leading part in getting two of the floats secured together. His subsequent death is believed to have been partly due to these exertions and the additional time in the water. His bravery, resource and devotion to duty were in keeping with the high standards of the Canadian Naval Service".**

Every item of information
should be carefully supplied.
(See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE
DIVISION REGISTRAR OF THE DIVISION IN WHICH
THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH
UNFADING INK
THIS IS A PERMANENT
RECORD

FORM 6

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use \$300," and properly addressed will pass through the mail "FREE"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of AT SEA Township of _____
If in City, Town or Village _____ Street _____ House No. _____
(Name) (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)
(a) In City, Town or Township where death occurred _____ (b) In Province _____ (c) In Canada (if immigrant) _____

3. PRINT FULL NAME OF DECEASED KNIGHT
(Family name) Herbert Russel
(Given name or names in usual order)

RESIDENCE No. _____ Street _____ City, Town, Village or Township Leamington Province Ontario
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Nationality (Citizenship) <u>Canadian</u>	6. Racial Origin <u>Married</u>	7. Single, Married, Widowed or Divorced (Write the word) <u>Married</u>
-----------------------	--	------------------------------------	--

8. BIRTHPLACE Cotton, Ontario
(Province or Country)

9. DATE OF BIRTH October 8th 1920
(Month) (Day) (Year)

10. AGE in { Years 24 Months 7 Days 6 If less than one day old
hrs. or min.

11. Trade, profession or kind of work as Labourer
spinner, teamster, office clerk, etc.

12. Kind of industry or business, as cotton-
mill, lumbering, bank, etc. H. J. Heinz Co.

13. Date deceased last worked _____ 14. Total years spent in
at this occupation _____ this occupation _____

15. If married give name of wife
or husband of deceased Louise Knight

16. NAME _____
17. BIRTHPLACE _____
(Province or Country)

18. MAIDEN NAME _____
19. BIRTHPLACE _____
(Province or Country)

20. Person giving information
sign here W.D. Money
COMMANDER (S), R.C.N.R.
Address NAVAL SERVICE HEADQUARTERS, ONTARIO, Ont.
Relationship to deceased DIRECTOR OF PERSONNEL RECORDS.

21. Place of Burial, Cremation or Removal Leamington, Ont.
Date of burial or removal _____

22. Burial Permit was issued by _____
Address _____

23. UNDERTAKER _____
(Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH April 16 1945
(Month) (Day) (Year)

25. I HEREBY CERTIFY that I attended deceased from:
_____ 19 _____ to _____ 19 _____
and last saw h. _____ alive on _____ 19 _____

CAUSE OF DEATH

I. Immediate cause
Give disease, injury or complica-
tion which caused death, not the
mode of dying, such as heart
failure, asphyxia, asthenia, etc.
due to (a) Killed in action in the Atlantic
(b) due to enemy action (H.M.C.S.
due to "ESQUIMAULT"
(c) _____

II. Morbid conditions, if any, giving rise to
immediate cause (stated in order
preceding backwards from im-
mediate cause).
Other morbid conditions (if important)
contributing to death but not
causally related to immediate cause. _____

PHYSICIAN
Underline
the cause
to which
death
should be
charged
statistically

26. If a communicable disease
is mentioned on this cer-
tificate, give (a) Date of appearance _____ 19 _____
(b) Duration of disease _____ days

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

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

29. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide? _____ Date of injury _____ 19 _____
(State which)

Manner of injury _____
(How sustained)

Nature of injury _____

Specify whether injury occurred in industry, in home, or in public place _____

Signed by _____ M.D.

Address _____ Date _____ 19 _____

30. Division Registrar's Record No. _____

31. Filed _____ 19 _____
(Division Registrar)

, 7 May, 1945.

Dear Mrs. Knight:

Further to my letter of the 19th of April, 1945, I am passing on the following particulars regarding the loss of H.M.C.S. "ESQUIMALT", the ship in which your husband was serving. This information is now being released for publication.

H.M.C.S. "ESQUIMALT", a Royal Canadian Navy minesweeper, was torpedoed and sunk by an enemy submarine while on operational duty off the east coast of Canada. One Officer and fifteen ratings were killed at the time of the disaster, four Officers and twenty-four ratings are missing and now presumed dead, while two Officers and twenty-four ratings survived the sinking.

The following is an excerpt from the report of a Canadian Naval Press Relations Officer who was in contact with survivors of the ill-fated ship.

"Struck by a torpedo on the starboard side, H.M.C.S. "ESQUIMALT" listed heavily, and sank stern first in a few minutes. The ship's list had the seaboard under water and flooded before it could be released from the davits, but carley floats were freed quickly before the ship went down, and those who escaped from the ship gathered on four of these floats.

"It was from the four floats that a sister Bangor mine-sweeper, H.M.C.S. "SARNIA", picked up the survivors nearly six hours later. Many who had reached the floats safely had died of exposure on the floats, from the soaking in the cold sea water, and sixteen bodies were taken aboard the rescue craft.

"In spite of the rapidity with which the ship heeled over and slid under the surface there was no panic or confusion," a surviving Officer reported. Everyone he had seen had been calmly and quickly abandoning ship.

"Many men had died in the floats, and their bodies were brought aboard H.M.C.S. "SARNIA" with the survivors.

"Artificial respiration was given to some of the unconscious men for hours after they were picked up, but only two men were revived.

"Of their bitter hours on the floats, the survivors spoke most often of one of their shipmates who died after expending his strength in helping the others. He was Leading Seaman Herbert Knight of Leamington, Ont., who found himself on a float overcrowded with sixteen other men, after the ship sank. A strong swimmer, he plunged into the icy water and swam to another float nearby.

"Staying in the water, he swam and pushed the second float back to the first so the two could be lashed together. Only then did he allow himself to be pulled onto the less crowded float. He died an hour later."

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

Yours sincerely,

Despatched by
Sec. N. B.Mrs. Louise G. Knight
Box 697, Leamington, Ont.

Deputy

L.E.
SECRETARY, NAVAL BOARD.Date
Time8/5/45
1:30

SERVICE

NAME ~~KNIGHT~~, Herbert Russel

O.N. V-19140

30

PRESENT RANK/RATING: Ldg.Smn.

DATE TAKEN ON ACTIVE SERVICE: 4-11-40

SERVICE

SHIP OR ESTABLISHMENT

FROM

TO

Windsor Div.Str.

1-10-40

Duty Div. Hdqtrs.

4-11-40

Stadacona

20-11-40

Hochelaga

6-5-41

Baddeck

17-5-41

Stadacona

9-8-41

Annapolis

19-8-41

Stadacona

6-6-42

Fairmiles (Q-075)

13-6-42

Stadacona

2-12-42

Q-053

4-12-42

Stadacona

5-2-43

Swift Current

13-2-43

Stadacona

27-5-43

Cornwallis

6-8-43

Stadacona

31-8-43

Hochelaga

9-9-43

Chaleur 11(CN 400)

12-10-43

Atholl

14-10-43

IMPORTANT

(WILL): No.

NAME & ADDRESS
OF NEXT OF KIN:

Wife:

Avalon
Esquimalt

23-5-44
25-5-44

Mrs. Lousie G. Knight,
Box #697.
Leamington, Ontario.

HAS DISCHARGE FOR ANY REASON
BEEN PREVIOUSLY APPROVED?

REASON:

DATE:

INITIALLED

NB

DATE 20/4/45

SECTION: R.C.N.V.X

(TO BE COMPLETED IN INK)

**DEPARTMENT OF NATIONAL DEFENCE
ROYAL CANADIAN NAVY**

060017 12270

JAN 25 1944

21st. JANUARY 1944
HALIFAX, N.S.

MEMORANDUM:

The undermentioned rating is, according to Drafting Depot Records, eligible in all respects for advancement.

It is approved to advance this rating if, in your opinion, he is fit to perform the duties of the higher rating and subject to your verification that he is qualified according to regulations, particularly as regards "V.G." Conduct, time and sea service.

IMPORTANT: If any doubt exists whether this rating is suitable in **ALL** respects for advancement, this form may be retained for a period of not more than one month, while the rating is under observation. At the end of that period he must either be advanced, effective from the date shown on this form, or the permission for advancement cancelled and returned with the reasons for cancellation noted thereon. (See Canadian Naval Regulations Article 208).

Name and Official Number	Present Rating	Rating to which to be advanced	REMARKS
Herbert Russel KNIGHT	A.B.	ACTING LEADING SEAMAN. (Ty)	Reference Naval Order 2219 DEPOT
		Effective date of Advancement	1 History Card..... 2 Index Card..... 3 Roneo Card..... 4 Advancement <i>MB</i> 5 A. A. Card..... 6 Training..... 7 Statistical..... 8.....
V 19140		15th. JANUARY 1944	DATE 17-5-44

To: The Commanding Officer *AVALON*
H.M.C.S. "~~STADACONA~~" (Atholl) St. John's, Nfld.
Halifax, N.S.

[Signature]
DRAFTING CAPTAIN
R.C.N. DEPOT, HALIFAX, N.S.

Noted in H.M.C.S. *AVALON'S* S.249A # *13843* It has been verified that this man is qualified under the regulations for advancement and I consider him to be fit to perform the duties of the higher rating.

He has been advanced to *A/Ldg. Senn.* (Ty)
to date *15 January* 1944

COMMANDING OFFICER

DATE *25 April* Personnel Records *44*

NOTE

Advancement may only be made on the precise terms shown and a man is not advanced until he has seen the Captain and been formally rated by him. If, therefore, the man concerned has committed a serious offence recently he is not eligible for advancement, even if the offence was committed after the date to which advancement may be antedated according to this form. In such circumstances, the form is to be returned and a report enclosed of the details of the offence and punishment. Any amendment to this form (e.g. in the date) must have prior approval of the DRAFTING DEPOT.

This form is to be returned to the DRAFTING CAPTAIN, R.C.N. DEPOT, HALIFAX, N.S.

Roneo 26/5/44

Personnel Records	44
Division	
1. History Card	
2. Index Card	
3. Roneo Card	
4. Advancement	
5. A. A. Card	
6. Pension Card	
7. Statistical	
8. Training	
DATE	

DEPARTMENT OF NATIONAL DEFENCE ROYAL CANADIAN NAVY

21st JANUARY 1944

HALIFAX, N.S.



Mr. [Name] is recommended for advancement to the rank of [Rank] in the [Branch] of the Royal Canadian Navy. He is recommended for advancement on the basis of his performance during the past [Period] and his qualifications for the higher rating. It is recommended that he be advanced to the rank of [Rank] on the basis of his performance during the past [Period] and his qualifications for the higher rating. The recommendation is based on the following facts: [Details of performance and qualifications].

Name and Official Number	Present Rating	Rating to which to be advanced	Remarks
Herbert Russell Knight	A.B.	ACTING LEADING SEALAN	Reference Naval Order 2119
		(7)	
		Effective date of Advancement	
		12th JANUARY 1944	

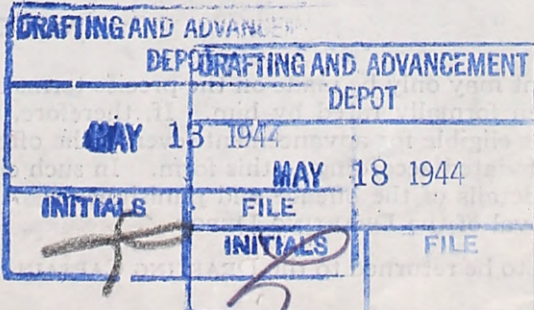
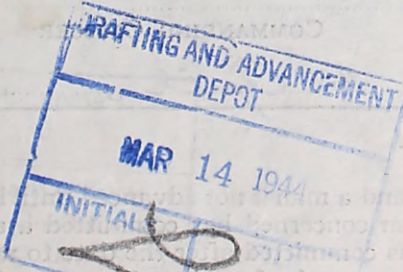
To: The Commanding Officer
H.M.C.S. "STASIS" (Ashore)
Halifax, N.S.

DRAFTING CAPTAIN
R.C.N. DEPOT, HALIFAX, N.S.

Noted in H.M.C.S. [Name] is recommended for advancement to the rank of [Rank] in the [Branch] of the Royal Canadian Navy. He is recommended for advancement on the basis of his performance during the past [Period] and his qualifications for the higher rating. It is recommended that he be advanced to the rank of [Rank] on the basis of his performance during the past [Period] and his qualifications for the higher rating. The recommendation is based on the following facts: [Details of performance and qualifications].

He has been advanced to

to date



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 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 HERBERT RUSSELL KNIGHT (b) Reg'l. No. Y. 17140
 2. (a) Arm of service NAVY (b) Unit H.M.C.S. ST-DASICA (c) Rank C.D.
 3. (a) Date of birth 1/11/1920 (b) Have you any dependents? No (c) Place of residence at time of enlistment LEAMINGTON, ONT.
 4. (a) Place of enlistment WINDSOR, ONT. (b) Date of enlistment 11/1/1940

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 (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 YEARS HIGH 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? No (b) If so, for what occupation? NONE (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
 9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING (b) At time of enlistment of what trade union or professional society were you a member? No

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 CAMPBELL SERVICE CENTRE Address LEAMINGTON, ONT.
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) AUTO GARAGE
 20. (a) Your specific occupation MECHANIC (b) Number of years' experience at this occupation with any employer 6 MONTHS
 21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? No

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? — (c) If so, in what kind of farming? —
 25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? — (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 No



DATE 16TH APRIL 1941 SIGNATURE H.R. Knight

Copy To
VWD
ES
5-5-41

005000

113-K-243

SEAMAN BRANCH.APPLICATION FOR, AND REPORT OF RESULTS OF
PROFESSIONAL EXAMINATION.FOR THE RATING OF..... LEADING SEAMAN.....

1 History Card	21
2 Present Card	21
3 Exam Card	
4 A.A. Card	
5 Training	
6 Statistical	
7	
8	
DATE	20/1/44

1.-- APPLICATION FOR EXAMINATION--

H.M.C.S..... ATHOLL.....Name of Candidate in FULL..... KNIGHT Herbert Russell.....Present Rating..... A.B...... O.N.: V-19140.....Port Division..... HALIFAX.....Date of Application for Examination..... 6th January 1944.....

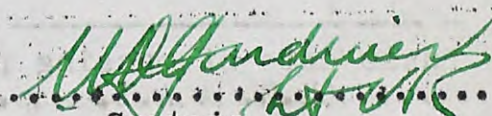
Date and Particulars of Previous Failures:-

.....NIL.....

(1) The Candidate has served the requisite period of time, he is fully eligible for examination, and has the necessary recommendations required by the Regulations.

(2) He has carried out the duties of helmsman satisfactorily.

(3) I am satisfied that he possesses the necessary qualities which with further experience will fit him to make an efficient Petty Officer/Leading Seaman, and I consider that he has a reasonable chance of passing.

To PRESIDENT. SQUADRON. EXAMINATION. BOARDH.M.C.S. STADACONA.....

 Captain.
Notes

(A) This application is to be submitted (in duplicate) to the Administrative Authority, together with the Service Certificate, History Sheet and Form S.264 written up specially, for the examination and signed by the Commanding Officer.

(B) On completion of the examination, Form S.441 in duplicate, is to be forwarded to the candidate's ship, the Commanding Officer of which is to insert the basic date of passing the examination. One copy of the Form is then to be forwarded to the Administrative Authority, the other being forwarded to the Report. In the case of failure, one copy is to be forwarded to the Administrative Authority, the other being retained with the candidate's papers for future reference. Failures are to be noted on Form S.264 (Divisional Record Sheet.)

 Noted in Service
 Records by 113

11. -- RESULT OF EXAMINATION --

Section 1.

Whether "Passed" or "Failed".....
 If passed state whether "V.G." (85% and above), "Good" (70% to 85%)
 or "Fair" (below 70%)

Section 11.

SUBJECT	Maximum Marks.		Marks Required		Marks Obtained	
	P.O.	L/Sea.	P.O.	L/Sea.	On Exam.	On Re-Ex.
Rigging	50	50	25	25	35	
Anchor Work	60	60	30	30	45	
Boat Work	80	80	40	40	40	
General Duties	80	80	40	40	71	
Organization	40	20	20	10	12	
Signals	30	30	15	15	28	
Watertight Fittings	20	20	10	10	11	
Duties in Part of						
Ship & Mess.		20		10	15	

REMARKS:-

The Candidate has:-

(1) Passed a ~~V.G.~~/Good/Fair - Examination.
 (V.G. 85% and above, Good 70% to 85%, Fair below 70%)

(2) Failed as indicated above.

He is recommended for re-examination by his own ship's Officers in the subjects indicated above in accordance with K.R. Appendix XII, Part 22A Clause 8 (b).

DATE... 12th January 1944

At. Cdr. R.C.N.R.

President of the Board.

Dandidate's Signature (IN FULL).....

Herbert Russell Knight

Basic date of passing professionally for.....
 (K.R. & A.I. App. XII, Part 22A Clause 7 & 8)

is..... 6th January 1944

Re-Examined by Ship's Officers in relevant subjects of Section 11 on Board.

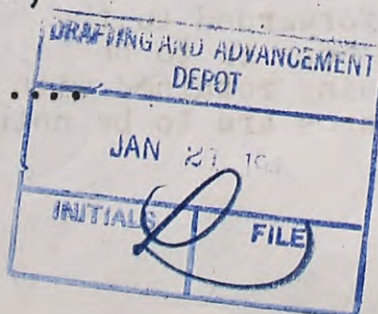
H.M.C.S.

ON.....19.....

DATE.....

Forwarded, the necessary notation has been made on the Service Certificate.

The Commanding Officer,
 R.C.N. Barracks.,



CAPTAIN

H.M.C.S.

DATE.....



ORIGINAL

DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
ST CROIX 3-4	<div>022037</div> <div>Surname.....KNIGHT..... Christian } H.R. Names }</div> <div>MATE RCNR</div>			5.75

Section A

ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname.....BANK OF MONTREAL..... Christian } Names }	CURRENT ACCOUNT	HALIFAX N.S.	\$100.00	Dec.

Section B

DISPOSAL OF EXISTING ALLOTMENTS

(See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):—
	NIL		

NOTE 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.

NOTE 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

Allottor's Signature authorizing charges.....

MATE

Rank or Rating

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

The allotment now declared has been duly entered in the Fair and Rough Ledgers with effect from the appropriate date. The reduction or transfer has been duly approved by the Commanding Officer and the reasons for the alteration are:—

Assigned Pay to Wives	Object No. 111 \$.....
Assigned Pay to other Dependents	113
Marriage Allowance	116
Dependents Allowance	119
Other Allotments	122 100.00
Total	\$ 100.00

THE NAVAL SECRETARY,

Department of National Defence,
(Naval Service)
Ottawa, Ont.

Paymaster.....Lieutenant.....RCNVR
FOR Accountant Officer

H.M.C.S. STADACONA

Forwarded.....

22/11/40

S. 63

40M-4-40 (4787)
N.S. 815-9-63

9007309

ORIGINAL

DECLARATION OF ALLOTMENT

222

DECLARATION OF ALLOTMENT

DECLARATION OF ALLOTMENT

NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET
FOR USE AT HEADQUARTERS ONLY

	INITIALS	DATE
Declaration received at Headquarters.....		
Declaration examined.....		
Approved.....		
Index card made.....		
Allotment ledger sheet made.....		
Allotment ledger sheet checked.....		
Type plate made.....		

[Handwritten signature]

THE NAVY SECRETARY
Department of National Defense
(Naval Branch)
Ottawa, Can.

P071520

QUESTIONNAIRE FOR CANDIDATES
FOR ENTRY IN THE
ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

DEPT.
NATIONAL DEFENCE

OCT - 7 1940
NS 113 K-243
CANADA

Name (in full) Herbert Russell Knight
Date and place of birth Oct. 8. 1920 Bottom
(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)
Permanent place of residence Leamington & Victoria Ave
Nearest town to residence (if living in the country) Leamington
Are you a British subject? Yes
Are you single, married or a widower? Single
In what capacity do you wish to enrol? Ordinary Seaman
(See standards of qualifications in attached pamphlet)
Present occupation or trade Labourer Spring Co.
(Attach any testimonials or recommendations)
Do you belong to any Naval, Military, Reserve or Territorial Force? No
Have you ever served with such forces? Give dates and details No

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

Have you ever offered to serve in any of H.M. Forces and been rejected? No

What is your weight? 142 What is your height? 6' 8"

What is your chest measurement (not inflated)? 35

Are you free from all physical defects or malformation, and not subject to fits?

Yes

Are you willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities? Yes

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

Herbert Knight Signature
Oct 1. Date
Leamington Ont Address

(Witness to Signature) H. Steen W.E.

This is to certify that I have personally seen the birth certificate of this applicant, or a sworn declaration as to his date of birth.

I certify his date of birth, according to legal documentary evidence, to be 8th Oct. 1920

Signed Ernest R. Brown
Commanding Officer.

Lieutenant, R. C. N. V. R.
Commanding Officer

By Cert. of Birth

ESTATES BRANCH

3rd November, 1945.

V-19140 FD.71

Mrs. Louise G. Knight,
Box 697,
Leamington, Ontario.

KNIGHT, Herbert R., L/Smn. (Deceased)
No. V-19140, R.C.N.V.R.

Dear Mrs. Knight:

Distribution can now be made of the amount of money here
at credit of your late husband.

The total amount available to this Branch for distribution
is \$41.24, and is made up as follows:-

Balance of pay and allowances.....	\$ 34.80
Credit for Kit Upkeep Allowance, Hard Lying Money and Grog Money.....	<u>6.44</u>
TOTAL.....	<u>\$ 41.24</u>

Your husband died without having made a Will and his estate
is therefore payable to you in accordance with the Intestacy Laws of
his province of domicile.

Treasury has been requested to forward to you a cheque in
the amount of \$41.24, and on receipt of same will you kindly sign
and return the enclosed form to the Director of Estates, Department
of National Defence, 308 Sparks Street, Ottawa, Ontario.

Yours faithfully,

(L.M. Firth) Colonel,
Director of Estates.

HRW:MS
Encl.1

Mrs. Louise G. Knight,
Box 697,
Leamington, Ont.

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

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

and the following number quoted:—

H.Q. NS V-19140 FD 71

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

3 May 1945

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

KNIGHT Herbert Russel, L/S.

V-19140 RCNVR

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

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

HRW/BJH



Herbert Smith
Col.

Director 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 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.....	LOUISE G. KNIGHT	20	LEAMINGTON, ONT.
2	Children of the Deceased and dates of their Births.....	HERBERT JAMES KNIGHT. BORN MAY 2, 1945.		LEAMINGTON, ONT.
3	Father of the Deceased.....	THORNY KNIGHT	48	LEAMINGTON, ONT.
4	Mother of the Deceased.....	LINNIE KNIGHT	44	LEAMINGTON, ONT.
5	Brothers of the Deceased	Full Blood	NONE	
		Half Blood	NONE	
6	Sisters of the Deceased	Full Blood	HAZEL PEARCE 26 JEAN KNIGHT 20 SHIRLEY KNIGHT 16 CAROLE ANN KNIGHT 4	WHEATLEY, ONT. LEAMINGTON, ONT. LEAMINGTON, ONT. LEAMINGTON, ONT.
		Half Blood	NONE	
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	NONE Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	HERBERT RUSSEL KNIGHT
9	Date of his birth.	OCTOBER 8, 1920.
10	Place and date of his marriage.	LEAMINGTON, ONT. JULY 26, 1944
11	Place and date of his parents' marriage.	RUTHVEN, ONT. MAY 30, 1918

PARTICULARS OF DOMICILE

12	Place where deceased was born.	COTTAM, ONT.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) ESSEX COUNTY (b) (c) PROVINCE OF ONTARIO. (d)
14	Nature of employment before enlistment.	GARAGE WORKER
15	State whether he owned the premises in which he lived, and, if so, where situated.	NO
16	Name place where deceased stated he intended to make his permanent home.	ONTARIO

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	NOT TO MY KNOWLEDGE.
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?	DOES NOT APPLY
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	JOINT ACCOUNT WITH HIS MOTHER LINNIE KNIGHT IN ROYAL BANK, LEAMINGTON.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	NO.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	TWO 100.00 BONDS = 200.00 1 REGISTERED. 1 BEARER. DEPOSIT BOX IN ROYAL BANK, LEAMINGTON.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	MUTUAL LIFE. 1000.00 BENEFICIARY — WIFE LOUISE G. KNIGHT.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	NONE

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	NONE
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.	LOST IN ACTION. YES. Underwriter sending his report 35.00 for cemetery — Mary Knight

(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.)

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

*.....WIFE.....of the deceased.

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

Louise G. Knight {Signature of Informant
Leamington, Ontario Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief *MRS. LOUISE G. KNIGHT*

See above. { Name of informant } is the.....WIFE.....of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at *Leamington* this *14th* day of *May* 19*45*
 Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. *Charles G. Fletcher* Qualification *Notary Public*
 Address *Leamington, 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 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

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Windsor Div. Str.	Ord. Smn.	1	10	40		V.G.	Sat.	31	12	40	S.D.	4	11	41	21	8	43
Duty Div. Hdqts.	"	4	11	40		V.G.	Sat.	31	12	41	A/S.D.	3	5	42	24	4	43
Stadacona	"	20	11	40		V.G.	Sat.	31	12	42							
Hochelaga	"	6	5	41		Fair	Mod.	31	12	43							
Baddeck	"	17	5	41		V.G.	SAT	31	1	44							
Stadacona	"	9	8	41		V.G.	Supr.	16	4	45							
Annapolis	"	19	8	41													
Stadacona	"	6	6	42	171910												
Fairmiles (Q-075)	"	13	6	42	5-7-5												
	Able Smn.	4	11	41	Back Dated (249A/3290)												
Stadacona	"	2	12	42	DRD H-85												
Q.053	"	4	12	42	Hochelaga DRD #70												
Stadacona	"	5	2	43	DRD H-609												
Swift Current	"	13	2	43	DRD H-672												
Stadacona	"	27	5	43	DRD H-1569												
Cornwallis	"	6	8	43	DRD H-2254												
Stadacona	"	31	8	43	DRD H-2465												
Hochelaga	"	9	9	43	DRD H-2554												
Chaleur 11 (P. 413)	"	12	10	43	WRD #61												
Atholl	"	14	10	43	WRD Q-62												
"	A/Ldg.Smn.	15	1	44	Adv. Memo 21-1-44.												
Avalon	"	23	5	44	S.#3611: P.#6.												
Esquimalt	"	25	5	44	S.#3625: P.#4.												
"	Ldg.Smn.	15	1	45	Conf. 249A(31763)												
DISCHARGED	"	16	4	45	"Killed in Action" Per Casualty List.												

GENERAL REMARKS

R.C.N. Hosp. 26-5-41 to
Canadian Memorial Cross Awarded to
Wife: Mrs. Louise G. Knight,
Box 697,
Leamington, Ont. 4-6-45.
Canadian Memorial Cross Awarded to
Mother: Mrs. Linnie Knight,
8 Victoria Ave., S.,
Leamington, Ont. 28-6-45.

DATE OF BIRTH	PLACE OF BIRTH	CIVIL OCCU.	RELIED	PERM. RESIDENCE	PREV. ENL.	RANK OR RATE
DY. MO. YR.	BIRTH MAIN SUB. GION.	P. CTV. TOWN	SERV. DIV.	A. BR. RANK		
08 02 20	11 900 0 40	X 1 12 07	0 11	0	08 93	
ENLIST. DATE	ACT. SERV. DATE	STR.	ACT. SERV. DATE	SHIP OR	RANK OR RATE	
DY. MO. YR.	DY. MO. YR. CAT.		DY. MO. YR.	ESTAB. A. BR. RANK		
01 10 40	04 11 40			1590	0 08 94	
SENIORITY	STR.	NON-SUB	M	CODED	CHECKED	
DY. MO. YR. CAT.	A B ST.					
04 11 41	13 00 00					

V19140

OFFICIAL NUMBER

FILE NUMBER

113-K-243

V-19140

OFFICIAL NUMBER

V19140

NAME

KNIGHT
(Surname)Herbert Russel
(Given Names)

DATE OF BIRTH

8th October, 1920

PLACE OF BIRTH

Cotton, Ont.

OCCUPATION

Labourer

RELIGION

United

EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

Town

Leamington

Province, etc

Ont.

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
1	10	40	H.O.	5'8	Blonde	Blue	Fair	Scar on 4th finger of left hand.				

NEXT OF KIN RELATIONSHIP (in pencil)

Wife

NAME (in pencil)

Mrs. Louise E. Knight

ADDRESS (in pencil): Street and No.

Box 127

Town

Leamington

Province, etc

Ont.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.			
Date (in figures)			Particulars	Date (in figures)			Particulars
Day	Month	Year		Day	Month	Year	
18	2	44	C.V.S.M. (R. & C.)	2	1	41	Passed P.P.T. (Good)
10	2	44	1939-43 Star.	14	7	43	Qual. in Anti-Gas (2nd Issue)
1	1	46	Posthumous Mention in Despatches.	6	1	44	Passed Prof. for Ldg. Smn.

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		
					Swift Current	2	28	5	43	Did sleep on his watch.	42 days detention.

FILM
NO. W/M 5438-1
DATE

Date (in figures)				DAYS FORFEITED						O.H.F. Received.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.		
28	5	43		42						

SECOND CLASS FOR CONDUCT

From

To

