


V24172
ROBERTSON
ROBERT GORDO

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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 CIVIL 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 Robert G. Robertson (b) Reg'l. No. 162472
 2. (a) Arm of service Army (b) Unit RENN (c) Rank OR-TEL
 3. (a) Date of birth July 27-1919 (b) Have you any dependents? yes (c) Place of residence at time of enlistment Edmonton
 4. (a) Place of enlistment Edmonton (b) Date of enlistment Oct 14-42

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (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
 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? no (c) Did you finish it? no (d) If you did not finish it, how long did you serve at it? no
 9. (a) What languages do you speak fluently? no (b) What languages do you read well? no

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

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 Blue Ribbon Ltd Address Edmonton
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Textile mill
 20. (a) Your specific occupation textile mill (b) Number of years' experience at this occupation with any employer 1 year
 21. (a) Did your employer promise definitely to give you employment on discharge? yes (b) Did your employer refuse to promise you employment on discharge? no (c) Do you wish to return to your former employment? yes

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

22. (a) State nature of business, or professional practice no (b) Where was it located? no
 23. (a) Number of years engaged in this business no (b) Have you made, or will you make plans to return to the same or a similar business on discharge? no

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

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

DATE Apr 17-1941 194

SIGNATURE R. G. Robertson



Mrs Violet I. Robertson,

362 Martin Ave.,

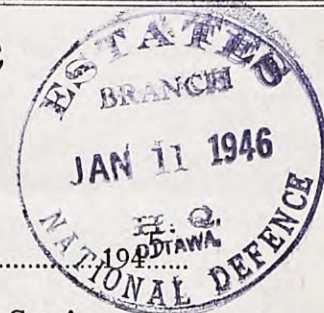
Winnipeg, Man.

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-24172 FD 84

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

14 May,

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

ROBERTSON,

Robert Gordon

Telgrphst.

V24172

R.C.N.V.R.

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

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

Director of Estates.

HRW/IDS

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	Violet Isabel Robertson	21	362 Martin Ave., Winnipeg, Man.
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	Robert Robertson		313 Royal Ave., St. Hildonan, Winnipeg, Man.
4	Mother of the Deceased.....	Mary Robertson		313 Royal Ave., St. Hildonan, Winnipeg, Man.
5	Brothers of the Deceased	Full Blood		
		Half Blood		
6	Sisters of the Deceased	Full Blood		
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
	Deceased Brother	Carl James Robertson (formerly R.C.N.V.R.)	Sept. 13th/1942	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Robert Gordon Robertson
9	Date of his birth.	November 29th, 1920
10	Place and date of his marriage.	January 23rd, 1945 at Winnipeg, Man.
11	Place and date of his parents' marriage.	May 2nd, 1918, at Winnipeg, Man.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Winnipeg, Manitoba
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) } (b) } Manitoba, Canada (c) } (d) }
14	Nature of employment before enlistment.	Salesman
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.	Winnipeg, Manitoba.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	(Enclosed). Present Will executed before marriage of Jan. 23, 1945.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	/
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	/
20	Amount of War Savings Certificates held by deceased. Indicate where located.	/
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Partially paid Victory Loan Bond believed held at Ottawa. ✓
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	/
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	/

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No
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.	/
<p>(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.)</p>		

(PLEASE TURN OVER)

DECLARATION

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

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

* Widow of the deceased.

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

Violet Isabel Robertson

Signature of Informant

3621 Martin Ave., Winnipeg, Man. Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Violet Isabel

*See above.

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

Dated at Winnipeg this 9th day of January 1946.

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

Qualification A Commissioner of Oaths
My Commission Expires July 22nd. 1947

Address 194 Borebank St. Winnipeg

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

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

W.S.G. Application No. 13397 ✓

FILE NO. N.S. V24172 ✓

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

ROBERTSON ✓ ROBERT GORDON ✓ V24172 ✓ TEL. ✓
SURNAME CHRISTIAN NAMES OFFICIAL RANK OR RATING
IN FULL NUMBER ON DISCHARGE

CAUSE OF DISCHARGE: DEAD (GUYSBOROUGH) ✓

..APP.K.E.A.N.T...W.IDAW..(REC'D. DA. 1. AP. #72:20. NO. RECORD. OF PENSION

TOTAL SERVICE

Date of Active Service 22 NOV /40 ✓

Date of Discharge 18 MAR 45 ✓

Total No. of Days 1578 ✓

Less non qualifying service NIL

Total Days 1578 ✓

OVERSEAS SERVICE

% Total No. of Days 1183
1244

Less non Qualifying service NIL

Total Days 1183
1244

Record of Service in other Forces (per Naval Records)

Branch of Service N

Date of Active Service 1

Date of Discharge L

& % Overleaf

Computed By maisingate

Checked By J. Williams

J. B. McGregor
for (R.W. Underhill)
A/Captain (s) R.C.N.V.R.
Director of Naval Pay Accounting

DATE: AUG 2 1945

"84"
00F DA

NON QUALIFYING SERVICE

			TOTAL SERVICE	OVERSEAS SERVICE
(#)	Date	Reason	No. of Days	
	N/A			
"		"	"	
"		"	"	
"		"	"	
"		"	"	
"		"	"	
"		"	"	
Total days				

DATE OF DISCHARGE

DATE OF VOLUNTARY SEPARATION

(%)

OVERSEAS SERVICE:

Where Serving From To No. of Days

Moose } 10 Apr/41 ✓ 10 May/41 ✓ 31 ✓

André Dupré }

Aras } 14 May/41 ✓ 6 Nov/42 ✓ ⁵⁴²~~603~~ gw

Napawee }

Gunsborough 18 July/43 - 18 MAR/45 - 610 ✓

1163
622
541
1
542

2026
1417
609
610

~~1244~~
1183 gw

DATE OF DISCHARGE

DATE OF

DATE OF

DATE OF

DATE OF

DATE OF

DATE OF

DATE OF

DATE OF

DATE OF

DATE OF

DATE OF

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

4
NAVY

DECEASED
MEMBER'S
NAME

Robert Gordon ROBERTSON
(CHRISTIAN NAMES) (SURNAME)

PAYEE
ADDRESS

Mrs. Violet J. Robertson,
362 Martin Ave.,
Winnipeg, Man.

REGISTER NO. 13397
FILE NO. NSV24172
DATE 3 Dec. '45
SERVICE NO. V-24172
FINAL RANK OR RATING Tel.
DATE OF DISCHARGE 18 Mch. '45

DATE OF TERMINATION OF OVERSEAS SERVICE

18 Mch. '45

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1578 EQUAL TO 52 COMPLETE PERIODS AT \$7.50

\$ 390.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 1183 LESS 18 INELIGIBLE DAYS, EQUAL TO 1165 DAYS @ 25c. PER DAY

291.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 2.00
SUBSISTENCE OR LODGING \$ 1.45
AND PROVISION ALLOWANCE
ADDITIONAL PAY HLM \$.25
CCB \$.05

DEPENDENTS' ALLOWANCE 1/30 OF \$ 37.20 \$ 1.24
TOTAL \$ 4.99 X 7 = \$ 34.93
NO. OF DAYS 1183 X \$ 34.93

225.80

D. WAR SERVICE GRATUITY

907.05

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$ nil

F. TOTAL AMOUNT PAYABLE

907.05

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 907.05

Cheque 174482 20/2/46
139907- Dec 20/45

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

PREPARED BY CHECKED BY

YN

TREASURY

CHECKED BY

DATE

For Dir. Naval Pay Acct'g.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Payee's Name

Robert Gordon ROBERTSON
(Christian Names) (Surname)

Payee

Mrs Violet. J. ROBERTSON

Address

362 Martin Ave.
Winnipeg, Man.

Register No. 13397

File No. V-24172

Date 6/8/45

Service No. V-24172

Final Rank or Rating 2nd Lt

Date of termination of overseas service 18 Mch '45 Date of Discharge 18 Mch '45

A. TOTAL QUALIFYING SERVICE

No. of days 1578 equal to 52 complete periods at 37.50
30

390.00

B. QUALIFYING OVERSEAS SERVICE

No. of days 1183 less 18 ineligible days equal to 1165 days @ 25¢ per day

291.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay	\$	2.00
Subsistence or Lodging	\$	1.45
and Provision Allowance		
Additional Pay	\$.25
	\$.05

Dependents' Allowance 1/30 of \$ 37.20 1.24

Total 4.99 x 7 = \$ 34.93

No. of days 1183 x \$ 34.93

225.80

D. WAR SERVICE GRATUITY

907.05

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

OTHER DEDUCTIONS \$

nil

F. TOTAL AMOUNT PAYABLE

907.05

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ of \$ = \$ 907.05
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	
				Date	

Service Representative

D.N.P.A. CHECK

1	2/27	6	
2		7	
3	D.W.	8	
4		9	
5		10	

PA

November 18, 1949.

V-24172 (R.3d)
D.V.A.

Mrs. Robertson,
239 Belmont Avenue,
West Kild,
Winnipeg, Manitoba.

V-24172 Tel. Robert Gordon ROBERTSON

Dear Mrs. Robertson:

In reply to your application of recent date, you are advised that your late son's Campaign Stars and Medals earned in respect to his service in the Navy namely; the 1939-45 Star, Atlantic Star with Clasp, Canadian Volunteer Service Medal with Clasp, and War Medal 1939-45, will shortly be forwarded to his widow, Mrs. Violet Robertson, as the person legally entitled to receive them.

Yours truly,


G. Robertson,
for Director,
War Service Records.

Feb 1st 1950

70
72-89.3^d
D. V. A.

Dept. of Postage
Wm. D. G. G. G. G.
Tel Robert Gordon Robertson

1313

Dear Sir

In reply to your letter Nov 18, 1949.
I fully understand all that was in
the letter.

But the matter is this.

Mrs Violet Robertson is married again
and has a family living in (Beloeil Quebec)
I believe Violet Robertson is not looking
for the ~~medals~~ ^{medals} being ^{as} sent to her.) That
is why I am asking for them as his Mother
that is why I write to you. and would
kindly
you please send them to me

MAIN FILE	
CHARGED TO	
SINCE	
REC'D. CENTRAL REGISTRY	
FEB 6 1950	
REFERRED TO	
✓ 24172	

Thank you
Mrs M Robertson

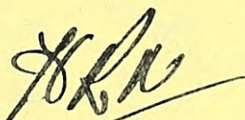
239 Belmont av
west Hill

Winnipeg man

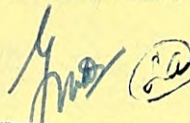
N.S. V-24172,
PERS. (N) "N"/5.

31 October, 1945.

THIS IS TO CERTIFY that according to official information Robert Gordon Robertson, Telegraphist, Official Number V-24172, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 18th of March, 1945, when H.M.C.S. "GUYSBOROUGH", the ship in which he was serving was lost due to enemy action while on operational duty in the North Atlantic.



NAVAL SECRETARY.



Sir:

1 May, 1945.

It is notified for your information
that the following casualty in the Canadian
Naval Forces has been reported:

NAME, RANK/RATING OFFICIAL NO., UNIT	PLACE, DATE & CAUSE DEATH	NAME & ADDRESS OF NEXT OF KIN
Robert Gordon ROBERTSON, Telegraphist, Official Number V-24172, Royal Canadian Naval Volunteer Reserve.	Missing, PRESUMED DEAD, to date 18 March, 1945, when H.M.C.S. " "GUYSBOROUGH" was tor- pedoed and sunk by enemy action at sea.	Wife: Mrs. Violet I. Robertson, 362 Martin Avenue, WINNIPEG, Manitoba.

ALLOTMENTS IN FORCE

In favor of	Amount	Initials
(1) Mrs. Violet I. Robertson, Wife. 362 Martin Ave., Winnipeg, Man.	D.A. 37.20 A.P. 35.00 <u>72.20</u>	:LV
(2) Mrs. Mary Robertson, Mother. 313 Royal Ave., Kildonan W. Winnipeg, Man.	A.P. 15.00	:LV
(3) Rec. Gen. of Canada, 7th Victory Loan, Ottawa, Ont. WILL: Attached.	8.40	:LV

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD. *C*

Director of Estates,
Estates Branch,
Department of National Defence,
Ottawa, Ont.

noted in Dn PA
9-5-45 G.P.

*Original Cert. of Death
& will placed on Estates
3/5/45. and
sent to Estates. 3/5/45.
Buck*

c/o C.F.M.O.
London, E.C.2.
April 3, 1945.

Dear Mrs. Robertson:

It is with deep regret that I write this letter. I am the former Commanding Officer of H.M.C.S. Guysborough in which your husband was serving.

I know there is nothing I can say that will take away the grief you are suffering, but I do want you to know how extremely sorry I am.

Your husband was one of the ship's company for some time and I can truthfully say there was not a better telegraphist under my command, ~~and he was cheerfully exposed under the most trying situations.~~ He was a credit to you and his ship at all times and died gallantly for his country.

If I am ever in your vicinity I hope you will allow me to call on you to express my condolences in person. In the meantime if there is anything I can do please let me know and I will be only too pleased to oblige.

Yours sincerely,

B.R. Russell,
Lieutenant, R.C.N.R.

AIR MAIL

N.S. V-24172, PERS. (N)

23 April, 1945.

Dear Mrs. Robertson:

Further to my letter of the 21st of March, 1945, I regret to inform you that in view of the length of time which has elapsed since your husband, Robert Gordon Robertson, Telegraphist, Official Number V-24172, Royal Canadian Naval Volunteer Reserve, was reported missing from H.M.C.S. "GUYSBOROUGH", the ship in which he was serving, the fact that all circumstances surrounding his loss have been carefully reviewed, and as no news has since been received to the contrary, the Canadian Naval Authorities have now presumed his death to have occurred on the 18th of March, 1945.

H.M.C.S. "GUYSBOROUGH", a Royal Canadian Navy minesweeper, was torpedoed and sunk by an enemy submarine while on operational duty at sea. Five Officers and 48 ratings, including one Royal Navy Officer and one rating who were taking passage, are missing and now presumed dead.

The above information is now being released for publication.

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.

"Only one death occurred from the explosion but many died during the 19 hours the men who had survived the explosion spent in the water clinging to five Carley floats. Only six men of 42 on one overcrowded float lived until the rescue ship, a Royal Navy frigate, arrived.

"Both the air and the water were cold," said one of the survivors. "Most of the men who died, died smiling. If they suffered any, you'd never have known it."

"With the whaler overturned and the ship's motor boat holed by the explosion, only the Carley floats remained for the survivors. Four of the five floats were lashed together and from these the majority of the survivors were picked up. Seven hours after the men abandoned ship only 10 men remained alive on the one overcrowded Carley float. Four others died before rescue came.

"Exposure accounted for the largest number of deaths. Survivors were unanimous in saying that those who died did so quietly and with little apparent suffering.

"When the torpedo struck the Guysborough so much debris littered the decks that the Commanding Officer, Lieut. B. T. R. Russell, R.C.N.R., at first glance, thought his ship had been the victim of two simultaneous torpedoes.

"It looked at first as if the ship would survive. Guns crews were closed up, water-tight doors were closed, bulkheads shored up and every effort made to save the little vessel.

- 2 -

"There was just one fatality from the torpedoing.
although some members of a gun's crew were injured."

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

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Violet I. Robertson,
362 Martin Avenue,
WINNIPEG, Manitoba.

Despatched by
Sec. N. B.

Date
Time

22.4.45
1245

FORM 5

PROVINCE OF MANITOBA
OFFICIAL REGISTRATION OF DEATH

1. PLACE OF DEATH { If in Rural Municipality.....Sec.....Twp.....Rge.....
(Name)
If in City, Town or Village.....AT SEA.....Street.....House No.....
(Name) (If in hospital or institution, give name instead of street and number)

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

3. PRINT FULL NAME OF DECEASED ROBERTSON Robert Gordon
(Surname) (Given name or names in usual order)
RESIDENCE Ste. 8 Green & Lister Blk., WINNIPEG, Manitoba.
(Usual place of abode—If urban, give street and number and name of city, town or village. If rural, sec., tp. and rge.)

4. SEX Male	5. NATIONALITY (Citizenship) Canadian	6. RACIAL ORIGIN Scotch	7. Single, Married, Widowed or Divorced (Write the word) Married	8. BIRTHPLACE (If in Manitoba, give exact location; if in Canada, province, city, town, village or nearest post office; if foreign, state the country and post office address) Minitonas, Manitoba.
9. DATE OF BIRTH Month November, (Write the word) Day 29th Year 1919	10. AGE IN Years 25 Months 4 Days If less than one day hrs. or min.			

OCCUPATION
11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Salesman
12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. Blue Ribbon Ltd.
13. Date deceased last worked at this occupation
14. Total years spent in this occupation

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

PARENTS
16. Name of father
17. Birthplace of father (same as item No. 8)
18. Maiden name of mother
19. Birthplace of mother (same as item No. 8)

The above stated particulars are true, to the best of my knowledge and belief.

20. Signature of informant. Commander (S), R.C.N.R. 21. Relationship to deceased
Address. Naval Service Headquarters, OTTAWA, Ont. Director of Personnel Record
22. Place of burial, cremation or removal No burial Date of burial 19

23. Burial Permit was issued by Address
24. Signature of Undertaker or person acting as Undertaker Address

MEDICAL CERTIFICATE OF DEATH

25. DATE OF DEATH 18th March, 1945.
(Hour) (Day) (Month) (Year)

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

CAUSE OF DEATH
Immediate cause (a) Missing, presumed dead. He was serving
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. due to
Morbidity conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) in H.M.C.S. "GUYSBOROUGH" which was torpedoed
(c) and sunk by enemy action at sea.
Other morbidity conditions (if important) contributing to death but not causally related to immediate cause.

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

I HEREBY CERTIFY that the particulars and cause of death above written are true to the best of my knowledge and belief.

Signed by M.D.
Address Date 19

30. Registered number filed this day of 19

31. (Signature of Division Registrar)

SEC. 45, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker, to obtain all the particulars required in the "Official Registration of Death" and to file the same with the Division Registrar who shall issue the Burial Permit. The Undertaker obtains the Medical Certificate from the Physician last in attendance, who is required by Section 41 to fill in all the particulars.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. (See reverse side for instructions.)

Every item of information should be carefully supplied.

INSTRUCTIONS

(1) The present form of certificate has been drawn up after consultation between the Dominion Bureau of Statistics and representatives of leading bodies in the medical profession. It has been approved by the Vital Statistics Section of the Canadian Public Health Association and also by the Deputy Registrar of births, deaths and marriages of each province.

(2) **Nationality.**—Nationality is defined as the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of every person who has rights of citizenship in Canada. Every person born in Canada should be entered as "Canadian" unless he or she has subsequently become a citizen of another country.

(3) **Racial Origin.**—Racial Origin will be described by stating to what people or race the deceased person belonged, whether English, Irish, Scottish, French, German, etc. (The term "American" or "Canadian" should not be used, as they express citizenship but not a race or people.)

(4) **Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits may be known. An entry should be made in this section for every person aged 10 years or over. If the deceased has retired from business, the occupation prior to retirement should be reported. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, the entry should be **housewife**. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family**, **cook—hotel**, etc. For a person who had no occupation the entry should be **none**.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. The particular kind of work done should be stated clearly as **spinner**, **weaver**, etc.

In stating the industry or business the use of such general terms as "store," "factory," "mill," etc., should be avoided. The particular kind of store, factory, mill, etc., should be stated as **grocery store**, **soap factory**, **cotton mill**, etc.

The different kinds of engineers should be carefully distinguished by giving the full descriptive titles, as **civil engineer**, **mechanical engineer**, **mining engineer**, **stationary engineer**, etc. The term "labourer" should be avoided when a more precise statement of the occupation can be secured. The word "mechanic" should not be used but the exact occupation, as **carpenter**, **painter**, **machinist**, etc. A careful distinction should be made between **retail merchants** and **wholesale merchants**. The term "clerk" without qualification should always be avoided. A person who sells goods should be called a **salesman**. A stenographer, typist, accountant, book-keeper, cashier, etc., should be reported as such, never as a "clerk".

(5) **Physician's Statement of Cause of Death.**—The morbid conditions relating to death are divided on the certificate into two groups. In Group I are those related to the "Immediate Cause" of death, and in Group II, those not causally related thereto. In most cases a statement of cause under Group I will suffice. Detailed certification is not desired, the entry of a single cause being preferable in all cases where this can be regarded as adequate (see Example I), but where the physician finds it necessary to record more than one cause it is important that these be stated in the position provided on the form as indicative of their mutual relationship. This information is sought so that the selection of the cause for tabulation may be made in the light of the certifier's viewpoint:—

- (a) Name first the "Immediate Cause" of death, i.e. the disease, injury or complication which caused death (not mode of dying or terminal condition).
- (b) Then give other morbid conditions (if any) of which it was the consequence, in order of causal relationship (due to) stating the most recent one first and then others in order.
- (c) Entries under Group II should be reserved for "other important contributory morbid conditions" in those instances particularly in which death was due to a combination of maladies, none of which would have been fatal alone. In such cases the physician's judgment alone can afford guidance to the tabulator.
- (d) Use always accepted terms for morbid conditions and never record mere symptoms.
- (e) **Maternal Deaths.**—Qualify all diseases resulting from childbirth, miscarriage or abortion by the word "Puerperal," e.g., **puerperal septicaemia**. Distinguish between septicaemia originating in abortion and in childbirth.
- (f) **Cancer.**—In all cases the organ or part first affected should be specified.
- (g) **Violent Deaths.**—Coroners, medical examiners and physicians who certify to deaths from violent causes should always clearly indicate the fundamental distinction of whether the death was due to **accident**, **suicide** or **homicide**, and then state the manner and nature of injury. The circumstances of each accident should be stated as fully as possible, e.g., an **automobile accident** should always be designated as such.

The following examples illustrate the essential principles in the use of the form.

I.	Example 1	Example 2	Example 3	Example 4	Example 5
Immediate Cause.....	(a) Lobar pneumonia	(a) Pulmonary tuberculosis	(a) Acute peritonitis	(a) Bronchopneumonia	(a) Uraemia
Morbid Conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	due to (b) _____ due to (c) _____	due to (b) _____ due to (c) _____	due to (b) Acute appendicitis due to (c) _____	due to (b) Operation due to (c) Strangulated inguinal hernia	due to (b) Chronic nephritis due to (c) _____
II.	II.	II.	II.	II.	II.
Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	_____	_____	_____	Chronic interstitial nephritis	Chronic bronchitis

LA/CM

R E G I S T E R E D

AIR MAIL

N.S. V-24172, PERS.(N)

21 March, 1945.

Dear Mrs. Robertson:

It is with deepest regret that I must confirm the telegram of the 21st of March, 1945, from the Minister of National Defence for Naval Services, informing you that your husband, Robert Gordon Robertson, Telegraphist, Official Number V-24172, Royal Canadian Naval Volunteer Reserve, is missing at sea.

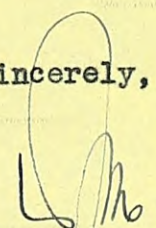
The only information that can be given at this time is that your husband is missing at sea as the result of enemy action. The position of the action is such that there is little possibility of him being a prisoner of war and slight hope can be held for his survival.

Please be assured that as soon as further particulars can be released or any other news received, you will be informed.

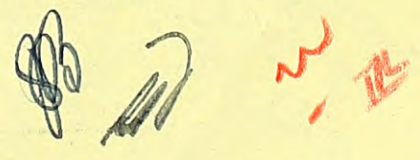
For security reasons, it is requested that you regard the name of your husband's ship in connection with his loss as confidential at this time.

Please accept the sincere sympathy of the Department in your anxiety.

Yours sincerely,


SECRETARY, NAVAL BOARD.

Mrs. Violet I. Robertson,
362 Martin Avenue,
WINNIPEG, Manitoba.



LA/YB

N.P.R./5-1.

FORM A.

File: N.S. V-24172, PERS.(N)

DEPARTMENT OF NATIONAL DEFENCE
- NAVAL SERVICE -

OTTAWA, Canada.

..26 March, 1945.....
(Date)

Sir:

The following casualty has been reported -

NAME ROBERTSON, Robert Gordon RANK or RATING Telegraphist NAVAL NO., UNIT V-24172, R.C.N.V.R.

DATE OF ENLISTMENT - 21 October, 1940 Active Service: 22 November, 1940.

DATE OF DISCHARGE - Will be reported later.

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

SERVICE - CANADA & HIGH SEAS
(Indicate whether in Canada only; or in Canada & the High Seas or elsewhere)

Reason for discharge and - "MISSING" at sea from the ship in which he was serving
when and where any disability as a result of enemy action. Should no information be
was incurred, or where death received to the contrary, you will be notified when official presumption of death with
occurred. date has been set.

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. Violet I. Robertson,

ADDRESS - 362 Martin Ave., WINNIPEG, Manitoba.

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.

Copies Form "B" fwd.
to Allots. (N) on
.....N.P.R./5

*Noted
D.N.P.R.
28.3.45
E.L.*

H.B. Money
for SECRETARY, NAVAL BOARD. *E*

Secretary,
Canadian Pension Commission,
Room 228, Daly Building,
Ottawa, Ont.

NOTE: Duplicate copies of this form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section), Department of National Defence, Naval Service, for completion respecting the details of Marriage Allowance, Dependents Allowance, etc., and subsequent transmission to you.

(See reverse side for further instructions)

REMARKS:

NOTES: This form to be accompanied by documents only in cases of (a) discharge "medically unfit" (b) Death in Canada, (c) Death anywhere if question of misconduct arises. Report of Board of Inquiry to be forwarded if disability or death is due to accidental injury in Canada or possible misconduct -- If Documents are not readily available this form should be sent at once with advice that documents will follow as soon as possible.

SERVICE

NAME ROBERTSON, Robert Gordon

O.N.

V-24172

PRESENT RANK/RATING: Tel.

DATE TAKEN ON ACTIVE SERVICE: 22.11.40

SERVICE

SHIP OR ESTABLISHMENT

FROM

TO

Div. Str. Winnipeg	21	10	40
Duty Div. Hdqtrs.	22	11	40
Stadacona	7	12	40
Venture	5	4	41
Moose	10	4	41
Andre Dupre	5	5	41
Venture	11	5	41
Arras	13	5r	41
Napanee	30	9	41
Avalon	7	11	42
Guysborough	18	7	43

IMPORTANT

(WILL): 5/12/40

NAME & ADDRESS

OF NEXT OF KIN: Wife:

Mrs. Violet I. Robertson,
362 Martin Ave.,
Winnipeg, Man.

HAS DISCHARGE FOR ANY REASON
BEEN PREVIOUSLY APPROVED? No.

REASON:

DATE:

INITIALLED

DATE 22/3/45 SECTION: III R.C.N.O.R.

(TO BE COMPLETED IN INK)

LA/YB

REPORT OF PARTICULARS OF PERSONNEL REPORTED
DEAD, MISSING, PRISONER OF WAR OR INTERNEE.

CASUALTY NO. 993

FILE NO.; N, S, V-24172, PERS. (N)

NAVAL INFORMATION

D. N. P. A.

C.T.O. (N), (N. ALLOTS.)

C.T.O. (N) Re: Dependents' Allowance

It is notified for your information that

Robert Gordon Robertson, Telegraphist, Official Number
V-24172, Royal Canadian Naval Volunteer Reserve, is
missing at sea from the ship in which he was serving
as a result of enemy action.

Should no information be received to the
contrary, you will be notified when official presumption
of death with date has been set.

Next of kin as recorded in this office is:

Wife: Mrs. Violet I. Robertson,
362 Martin Ave.,
WINNIPEG, Man.

H. B. Money

(H. B. Money), (S)

Paymr. Commander, R.C.N.R.,

Officer in Charge, Naval Personnel Records.

Director of Personnel Records.

Ottawa, Ont.,

DATE: 26-3-45.

D.A.

A.P.

NAME

RELATIONSHIP

ADDRESS

Information for Purchasers of Canada's War Savings Certificates

Date of Issue. War Savings Certificates will be dated the fifteenth of the month in which payment is completed. For example, whenever in any one month your Total Salary Deductions are sufficient to buy your War Savings Certificate, that Certificate will bear the date of the 15th of that month.

Registration. Each War Savings Certificate is registered at the Bank of Canada, Ottawa. Registration will be made in one name only. A War Savings Certificate is not transferable and cannot be redeemed other than by its registered owner. Provision has been made for redemption in case of the death of a holder.

Care should be taken to state clearly the name and address in which you desire Certificates registered. Spell out the first or Christian name in full, as well as the surname, and give proper prefix (Mr., Mrs., or Miss).

For example: Correct —BROWN, MR. KENNETH D.
Incorrect—Ken. Brown.

A married woman must furnish her own Christian name (not that of her husband).

For example: Correct —WHITE, MRS. MARGARET F.
Incorrect—Mrs. Henry G. White.

Purchase Limits. No person may hold War Savings Certificates in excess of a total maturity value of \$500 purchased in any one calendar year. That is to say, you may purchase \$500 worth this year, and up to a like amount in each succeeding year.

Income Tax. Due to the difficulties of calculation, the small amounts involved and the limit on individual holdings, holders will not be required to report the difference between the purchase price and the redemption value of War Savings Certificates, as income in making returns under the Income War Tax Act.

Redemption. War Savings Certificates cannot be called for redemption by the Government prior to their date of maturity. The holder, however, has the option six months after issue date of redeeming his certificates for cash, and after the first year will also be paid interest to the date of redemption in accordance with the table of redemption values shown on each certificate. The Minister of Finance reserves the right to require ninety days' notice in the case of redemption before maturity.



To All Members of Canada's Armed Forces:

re: WAR SAVINGS CERTIFICATES

Many officers and enlisted men of the Navy, Army and Air Force, have asked that arrangements be made for regular deductions from regular Navy, Army and Air Force pay, to allow them, if they so desire, to invest some part of their pay in War Savings Certificates.

What War Savings Certificates are, and how they may be obtained, you will find explained in this folder.

Whether any deduction from your pay will be made, and how large it will be, will depend, of course, upon your own wishes.

If you are interested in our opinion of War Savings Certificates, we think that there is no better "buy" either for yourself or for Canada.

J. L. RALSTON
C. G. POWER
ANGUS L. MAC

Ottawa, July 17, 1940.

ENDORSEMENTS from Chiefs of Staff of all three Services

"This is one way in which everyone can help the War Effort. No matter how small the contribution it all adds up to an immense sum and, may I remind you that in helping your country you are also helping yourselves, as you will receive your money back with interest in due course. It's going to be a long hard war, so let's all tighten our belts if necessary and do our damndest and so 'Stop Hitler'."

PERCY W. NELLES,
Chief of the Naval Staff

"I commend this form of saving to all ranks of the Canadian Military Forces. By supporting it you are doing both Canada and yourself a good turn."

T. L. ANDERSON,
*Major-General,
Chief of General Staff.*

"I heartily commend the purchase of these War Savings Pledges to the Officers, Warrant Officers, Non-Commissioned Officers, and Aircraftmen of the Royal Canadian Air Force.

I feel that in this vital period, when the very existence of the British Empire is being threatened, the members of the R.C.A.F. will be glad to have this opportunity to assist in making War Effort as great as possible."

L. S. BREADNER,
*Air Commodore,
Chief of the Air Staff.*

WAR SAVINGS PLEDGE

NAME OF PURCHASER PRINT IN BLOCK LETTERS SURNAME OF REGISTERED HOLDER PRINT IN BLOCK LETTERS

R O B E R T S O N R O B E R T S O N

CHRISTIAN NAME

MR. MRS. MISS R O B E R T G

REG'T OR OFFICIAL No. V-24172

SHIP, UNIT OR ESTABLISHMENT R M C S Haddock

SHIP, UNIT OR ESTABLISHMENT

Until further notice please deduct the sum of \$ 4.00 each month, from any pay and allowances which may be payable to me, for the purchase of War Savings Certificates.

It is understood that for each . . .	\$4	\$8	\$20	\$40	\$80	Strike out units not applicable
so deducted I will receive one . . .	\$5	\$10	\$25	\$50	\$100	CERTIFICATE CERTIFICATE CERTIFICATE CERTIFICATE CERTIFICATE

registered in my name or that of anyone else I may designate. Purchases are to be made in each month during which my accumulated savings are sufficient to buy a certificate of any denomination.

Date 21 Feb. 1941

Signature

R. W. Nelles

Department of National Defence
Naval Service

Ottawa, Canada.

OUR FILE N.S. V-24172
PERS. (N)
YOUR FILE.....

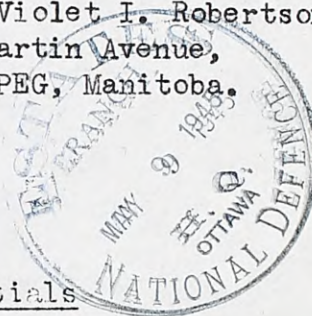
Sir:

1 May, 1945.

It is notified for your information
that the following casualty in the Canadian
Naval Forces has been reported:

913432

NAME, RANK/RATING OFFICIAL NO., UNIT	PLACE, DATE & CAUSE DEATH	NAME & ADDRESS OF NEXT OF KIN
Robert Gordon ROBERTSON, Telegraphist, Official Number V-24172, Royal Canadian Naval Volunteer Reserve.	Missing, PRESUMED DEAD, to date 18 March, 1945, when H.M.C.S. , "GUYSBOROUGH" was tor- pedoed and sunk by enemy action at sea.	Wife: Mrs. Violet I. Robertson, 362 Martin Avenue, WINNIPEG, Manitoba.



ALLOTMENTS IN FORCE

In favor of	Allotments stopped 31st March, 1945.	Amount	Initials
(1) Mrs. Violet I. Robertson, Wife. 362 Martin Ave., Winnipeg, Man.		D.A. 37.20 A.P. 35.00 <u>72.20</u>	:LV
(2) Mrs. Mary Robertson, Mother. 313 Royal Ave., Kildonan W. Winnipeg, Man.		A.P. 15.00	:LV
(3) Rec. Gen. of Canada, 7th Victory Loan, Ottawa, Ont. WILL: Attached.		8.40	:LV

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

Director of Estates,
Estates Branch,
Department of National Defence,
Ottawa, Ont.

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

~~H.M.C.S.~~ NAVAL SERVICE HEADQUARTERS AT OTTAWA, ONTARIO.

Name ROBERTSON, Robert Gordon
(Christian names in full)
Rank or Rating Telegraphist Official No. V-24172 Unit R.C.N.V.R.
Place of Birth Minitonas, Manitoba Date of Birth 29th November, 1919
Occupation in Civil Life Salesman Religion United
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) From 21st October, 1940 to 18th March, 1945.
Date of Death 18th March, 1945. Place of Death At Sea
Cause of Death Missing, presumed dead. He was serving in H.M.C.S. "GUYSBOROUGH"
(If due to accident, violence, or enemy action, particulars to be stated briefly)
which was torpedoed and sunk by enemy action at sea.

Nearest known relative or friend. { Name Mrs. Violet I. Robertson Relationship Wife
Address 362 Martin Avenue, WINNIPEG, Manitoba.

Date on which the above was informed by Ship Naval Service Headquarters: 21 March, 1945.

Date on which death was registered with local Officials ---

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

If applicable { Place of Burial No burial Date of Burial ---
Location, Number, etc., of grave ---
Undertaker employed ---

H.B. Money
for SECRETARY, NAVAL BOARD.
(Commanding Officer)

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

Date Ottawa, Ont., 1 May, 1945.

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, Sec. C.P.C., Dir. of Records.

*Noted in ONPA.
9-5-45 G.P.*

IN THE NAME OF GOD, AMEN

I, **Robert Gordon ROBERTSON, O.No.V.24172, Ord.Sea.,** of His Majesty's ~~Ship~~ **WINNIPEG Division, R.C.N.V.R.** (now a Patient* in),

*If in Hospital or in Hospital Ship.

Insert the degree of relationship (if of any) and place of residence 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 **Mother, Mary Robertson, Ste. 8, Green and Lister Block, Fort Street, WINNIPEG, Manitoba.**

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 residence of the Executor or Executors.

And I do hereby appoint **R. W. Craig, Barrister, of Winnipeg, Manitoba.**

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 **WINNIPEG, Man.,** hereunto set my hand, this **Fif th-----** day of **December**, in the Year of Our Lord One Thousand Nine Hundred & **Forty-----**.

R. Robertson

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

L. D. Murray Sub Lieut R.C.N.V.R.
James White Po. 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.

Instructions for filling up the Form

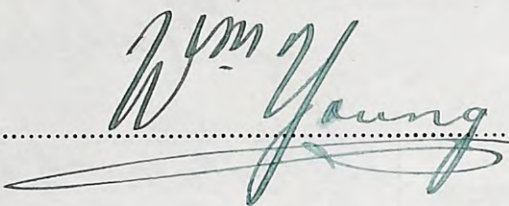
If a special legacy is to be given, the name, residence (and relationship if any) of the person interested is to be inserted in the space after the words " I give and bequeath," or if more than one person, the respective names, &c., also the particulars of the property bequeathed.

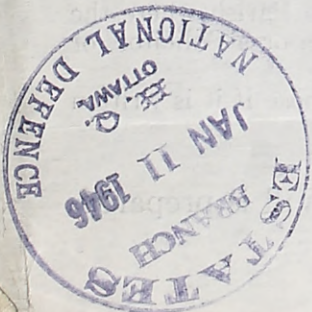
Then the words " And I give and bequeath unto " should be inserted together with the names, &c., of the person or persons to whom the residue of the Testator's property is to be given, and the words printed in italics commencing " all such wages," should be struck out.

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.

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



DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

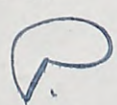
GL

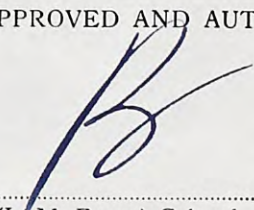
Name.....ROBERTSON.....Robert G.....No.....V.24172
SurnameChristian Names
RankTEL.....R.C.N.V.R. O/S.....18-3-45
UnitDate of Death

AMOUNT

Date.....8-2-46.....
L.P.C.....\$ 75.95
Other Credits.....
Total.....75.95

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs Violet I. Robertson 362 Martin Ave., Winnipeg, Man. (As next of kin entitled)	75.95
P4. TO TREAS. 19-2-46, QM.			

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	75.95
CLASSIFIED BY 			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

.....
(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

NAME ROBERTSON R.G. RATING _____ CLASS _____

NAME ROBERTSON R.G. RATING CLASS

CHECK

S.—1246H
3M—3-40 (4262)
N.S. 815-9-1246H
T.S.—93

To be kept attached to the Service Certificate until final discharge from the Service

WIRELESS HISTORY SHEET

(Revised—May, 1938.)

Name ROBERTSON R G.

Official No. V 24172

I. EXAMINATION RECORD

To be filled up according to the result obtained after examination

Date	Nature of Examination Qualifying or Requalifying		Technical		Theory	School	Procedure and Organization		Coding		V/S Paper	Flashing	Sema- phore	Buzzer		Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
			Paper	Practical			Paper	Practical	Paper	Practical				Trans- mitting	Re- ceiving			
	FOR T.O. (W/T) (PROVISIONAL)	% Required	—	80	—	—	—	80	—	80	—	85	86	85	95	—	—	—
		% Obtained																
		% Obtained																
31 29 March 42	FOR T.O. (W/T) (FINAL)	% Required	—	80	—	—	—	80	—	80	—	85	86	85	95	—	—	—
		% Obtained		65				49		70		86		65	94	Failed	Capt "D" Newfoundland.	
		% Obtained																
	FOR W/T 3	% Required	75	80	*	*	80	80	80	80	75	85	86	85	95	—	—	—
	State whether after a qualifying course	% Obtained																
	FOR W/T 2	% Required	75	80	70	70	80	80	80	80	75	85	86	85	95	—	—	—
		% Obtained																
		% Obtained																
	FOR W/T 1	% Required	75	85	70	70	80	85	80	80	80	85	86	90	95	—	—	—
		% Obtained																
		% Obtained																

* Insert either (a) the examination marks obtained during the qualifying course, or (b) the marks obtained after a separate School course, these being initialled by the Schoolmaster.

II. DATE OF GRANTING OF NON-SUBSTANTIVE RATE

Rate	Date	Initials of Captain	Rate	Date	Initials of Captain	Rate	Date	Initials of Captain	Rate	Date	Initials of Captain
T.O. (W/T)			W/T 3			W/T 2			W/T 1		

N. 2424/33
N. 1584/83

S. 1246H
T.S. 93

III. BOYS EXAMINATIONS

(I) ON PASSING OUT OF TRAINING ESTABLISHMENT

[illegible]

(II) FOR ACCELERATED ADVANCEMENT TO ORDINARY TELEGRAPHIST

[illegible]

IV. EXAMINATION FOR ORDINARY TELEGRAPHIST (S.S.)

[illegible]

V. TRAINING CLASS CERTIFICATE

No Ordinary Telegraphist is eligible for advancement to the rating of Telegraphist until this Certificate has been obtained.

Ordinary Telegraphists (S.S.) are not required to undergo the Training Class in V/S or Electricity and Mag. unless they have failed to obtain the requisite percentages in the V/S Paper and School in Section IV.

[illegible]

VI. EXAMINATION FOR TELEGRAPHIST

[illegible]

Special Agent in Charge
Federal Bureau of Investigation
Washington, D. C.

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Examining
Officer

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B.W.

X. SPECIAL QUALIFICATIONS

Only to be filled up when a rating is discharged from a Ship or Establishment or on completion of any special course, and it is desired to report on him for special knowledge or ability, not otherwise recorded, *e.g.*, D/F Operator ; Mechanical and Instructional ability, Fire Control or laboratory experience ; care and maintenance of W/T Installations, Alternators, Dynamos, Secondary Batteries; ability to take charge of W/T department ; knowledge of a foreign language ; typewriting. Efficiency as T.A.G., including Air Gunner or Bomb Aimer, where applicable, is to be included in this Section on each occasion of returning to General Service from the F.A.A.

[illegible]

For Directions for completing this part of the Form, see Article 610, K.R. & A.I.

XI. 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*

.....19..... *Vocational Training*

*Here insert qualification. †Special notation as applicable. ‡Vocational Training is optional. *Committee‡*

To be filled up by Ship or Establishment, from which rating is sent to Depot for final discharge

XII. SPECIAL REMARKS

Include power of command, intelligence, initiative, energy, and any qualification not otherwise recorded.....

XIII. TO BE FILLED IN ONLY ON FINAL DISCHARGE

His character during service was*.....

His general efficiency in carrying out his duties was*.....

His efficiency on discharge was assessed as*

*See Art. 610, K.R. & A.I., clauses 3 to 7

For Record of Experience see Section VIII, on p. 3.

295*/672

.....Captain

.....Date

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

OFF. NO. V-24172 ADDRESS

VERIFIED BY *[Signature]*

DIR. OF PERSONNEL RECORDS.

NAME IN FULL Robertson, Robert Gordon RANK/RATING NAVAL GENERAL

SHIP	SERVICE			AREA	FR
	FROM	TO	DAYS		
	22-1-40				
Moose	10-4-41	4-5-41	25	ALL.	
Andrie Dupré	5-5-41	10-5-41	6	ALL.	
Aras	14-5-41	29-9-41	148	ALL.	
Kagane	30-9-41	6-11-42	403	ALL.	
Avalon	7-11-42	17-2-43	253	NF	
Lynsborough	18-2-43	18-3-45	618	ALL & F & G & R	
<p> <i>Diad: Dead "Nodak"</i> <i>18-3-45</i> </p>					
<p> VERIFIED BY <i>Theresa L. Jones</i> VERIFIED BY </p>					

TRUE COPY

OF THE

CERTIFICATE of the Service of

Robert Gordon Robertson
Naval Volunteer Reserve
 IN THE ROYAL CANADIAN NAVY

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

Esquimaux

Winnipeg

Official Number V 24172

Date of Birth 29 November 1919

Where born { Province Manitoba
 Town or County Minnetonka

Trade brought up to Salesman

Religious denomination United

Date passed swimming test

Man's signature on discharge to pension }

Nearest known Relative or Friend
 (To be noted in pencil).

Name: Mary Robertson

Relationship: Mother

Address: 313 Royal Ave
West Kildonan
Winnipeg, Man

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

Date of actually volunteering	Commencement of time	Period volunteered for	Date of actually volunteering	Commencement of time	Period volunteered for
1.	<u>21 Oct 40</u>	<u>Hostilities</u>			
2.					
3.					
4.					

Medals, Clasps, Etc.

Date received or forfeited	Nature of Decoration	Date received or forfeited	Nature of Decoration
<u>17 Feb 44</u>	<u>CSM clasp (Prov Award)</u>		
<u>17 Feb 44</u>	<u>1939-43 Star (Prov Award)</u>		

Description of Person	Stature		Chest, In.	Colour of			Marks, Wounds and Scars
	Feet	In.		Hair	Eyes	Complexion	
On entry as a boy	<u>5</u>	<u>10</u>	<u>35</u>	<u>Brown</u>	<u>Blue</u>	<u>Fair</u>	<u>Scars on calf right leg</u>
On Advancement to man's rating or on entry under 28 years							
On re-entry for C.S. or for Non-C.S. after attaining 28 years							
Further Description if necessary....							

C.N.S. 1243

CAUTION—This is an Official document. Any alteration made to it without proper authority will render the offender liable to severe penalties.

to date
20 April 45
to date
SI B
60195

Examinations passed and Notations or Qualifications other than those entered on History Sheets

29 Jan 41	Qual A/G, day.
10 Jan 41	Q & R 0/1 Jel.
8 Feb 41	Qual Jel.



ATTESTATION FORM
(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME ROBERTSON. OFFICIAL NO. V24172
CHRISTIAN NAMES Robert. Gordon. MARRIED, SINGLE OR WIDOWER Single.

PERMANENT ADDRESS	RELIGION
<u>Ste. 8 Green & Lister Blk. Winnipeg, Man.</u>	<u>United.</u>

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>Birth Certificate has been seen.</u> <u>29th November, 1919.</u>	Town <u>Minitonas.</u> County Province <u>Manitoba.</u>	Mother(Mary ROBERTSON) Same Address.
*Original Nationality of: Father <u>Scotch.</u> Mother <u>Scotch.</u>		

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

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>37</u>				Scar on calf of
Inches <u>10</u>	Deflated <u>34</u>	Brown	Blue	Fair	right leg.
	Mean <u>35</u>				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>21st October, 1940.</u>	<u>Ord. Seaman.</u>	<u>Salesman(Blue Ribbon Ltd.)</u>
R.C.N.V.R. Division (or other establishment) at which enrolled <u>WINNIPEG.</u>		

(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 XXXXXXXXXXXXXXXXXXXXXXX for the period shown, and attach my record of service in corroboration of this statement

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	Personnel Records To
			1. Noted in Records 2. Index Card 3. Non-3d Card 4. State Card 5. Record Card 6. Pension Card 7. 8. DATE <u>7-11-40.</u>

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.

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

Handwritten signature/initials

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

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

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

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

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

Dated this 21st day of October, 1940.

Signature of applicant AR Robertson

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 21st

day of October, 1940.

D. C. Lennox
A / Lieutenant RCNVR
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Robert, Gordon, ROBERTSON. 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 AR Robertson

Witness D. C. Lennox

Date 21st October, 1940.

Rank A / Lieutenant RCNVR

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

(E) CERTIFICATE OF ATTESTING OFFICER

Robert, Gordon, ROBERTSON. 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 WINNIPEG. Division of the R.C.N.V.R. or in the appropriate official documents.

D. C. Lennox
Attesting Officer.

21st October, 1940.

R.C.N.V.R. Division
(or other establishment) WINNIPEG.

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.

N.V. 17
15M-4-40 (4717)
N.S. 815-11-17

NOV 25 1940

CERTIFICATE of the SERVICE of

Iden. Card #6644

Robert Gordon ROBERTSON.

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number V. 24172
ESQUIMALT	WINNIPEG	"

Date of Birth 29th November, 1919.

Place of Birth Minnitonas, Manitoba.

Place of Residence 28 Ontario Street Bagin

Trade brought up to Salesman.

Religion United.

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

MOTHER: MARY ROBERTSON
313 ROYAL AVE.
WEST KILDONIAN
WINNIPEG, MAN
14/12/44

Can Swim:—P.P.T. Date 19 Signature Rank

P.S.T. Date 19 Signature Rank

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	
	21 Oct '40	Hostil.	O'Smn.		17 Feb 44	Cas. Volunteer Service Medal
						sub clasp. Personnel award
					17 Feb 44	1939-43 Star. Rev. award

PERSONAL DESCRIPTION								
—	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	10	35	148½	Brown	Blue	Fair	Scar on calf Rt.leg.
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

[illegible]

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

[illegible]

29 Jan
10 Jan
8 Jan

CHARGE

d.....
na''.....

761046
b date 18345
20 9 ml 45
Dead to
L 45
4.17512
60195

.....

Name Robert Gordon R. O. B. E. R. T. S. O. N. 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.	(O'Smn) <i>Sat.</i>	6 Dec '40	<i>W. H. Norex</i>
		V.G.	<i>Sat.</i> (Ord. Smn)	31 Dec '40	<i>J. M. M. M.</i>
		V.O.	<i>Sat.</i> (Tel.)	31 Dec '41	<i>P. J. Henderson</i>
		V.G.	<i>Sat.</i> (Tel.)	31 Dec '42	<i>W. D. David</i>
		V.G.	<i>Sat.</i> (Tel.)	31 Dec '43	<i>W. H. M. M.</i>
		V.G.	<i>Sat.</i> (Tel.)	31 Dec '44	<i>W. H. M. M.</i>
		V.G.	<i>Sat.</i> (Tel.)	18 March '45	<i>W. H. M. M.</i>

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
22 Nov '43	SCB	1st	Granted

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

DEPARTMENT OF VETERANS AFFAIRS

WAR SERVICE RECORDS

D OF D 18-3-45

AWARDS NAVY

D.D.

ROBERTSON

Robert Gordon

V-24172

Tel.

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

1939-45 Star

Atlantic Star & Clasp

C.V.S.M. & Clasp

War Medal

REGISTRATION NUMBER AND DATE DESPATCHED

9905

25-1-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Feb. 46 "GUYSBOROUGH"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

EMPLOYED TO Mrs. Violet I. ~~Robertson~~ Plummer (Re-married) - Widow

ADDRESS: 362 Martin Ave.,
Winnipeg, Man.

(2) MEMORIAL CROSS

WIDOW

Mrs. Violet I. Robertson

ADDRESS: 362 Martin Avenue, Winnipeg, Man.

(3) MEMORIAL CROSS

MOTHER

Mrs. Mary Robertson

ADDRESS: 313 Royal Ave., West Kildonan, Winnipeg, Man.

MEMORIAL B R

(1) DATE DESP

REGN. NO. 255

(2) 4-6-45

(3) 5-6-45

V24172 OFFICIAL NUMBER NAME ROBERTSON Robert Gordon (Surname) (Given Names) OFFICIAL NUMBER 21B.1 V24172

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
Div. Str. Winnipeg	Ord. Seaman	21	10	40		V.G.	Sat.	31	12	40							
Naden Div. Hdqtrs.	" "	22	11	40		V.G.	Sat.	31	12	41							
Stadacona	" "	7	12	40		V.G.	Sat.	31	12	42							
Stadacona	" Tel.	10	1	41		V.G.	Sat.	31	12	43							
Venture	" "	5	4	41		V.G.	Sat.	31	12	44							
Moose	" "	10	4	41		V.G.	Sat.	18	3	45							
Andre Dupre	" "	5	5	41													
Venture	" "	11	5	41													
Arras	" "	13	5	41													
"	Tel.	22	8	41													
Protector (Napanee)	Tel.	30	9	41													
Avalon (Napanee)	"	1	10	41													
Avalon	"	7	11	42													
W/T Station	"	7	11	42													
Avalon	"	5	12	42													
Guysborough	"	18	7	43	AD. RD #643												
DISCHARGED	"	18	3	45	"Missing" per Casualty List.												

Presumed Dead.

Chest X-Ray App.
AWARDED CANADIAN MEMORIAL CROSS to:
Wife: Mrs. Violet I. Robertson,
362 Martin Ave.,
WINNIPEG, Man.
June 4, 1945.

AWARDED CANADIAN MEMORIAL CROSS to;
Mother: Mrs. Mary Robertson,
313 Royal Ave., W. Kildonan,
WINNIPEG, Man.
June 5, 1945.

DATE OF BIRTH	PLACE	CIVIL	OCCU.	REL.	ED	PERM. RESIDENCE	PREV. ENL.	RANK OR RATE ON ENLISTMENT
DY. MO. YR.	BIRTH	MAIN	SUB	GTON	P.	CTY. TOWN	DIV.	A BR RANK
29 X 19 10	660	0	20 X	0	06	06	0	08 93
ENLIST. DATE	ACT. SERV. DATE	STR.	ACT. SERV. DATE	SHIP OR ESTAB.	RANK OR RATE			
DY. MO. YR.	DY. MO. YR.	CAT.	DY. MO. YR.	A BR RANK				
21 10 40	22 11 40			3290	0	12	94	
SENIORITY	STR.	NON-SUB	M	CODED	CHECKED			
DY. MO. YR.	CAT.	A B	ST.					
30 09 41	13	00	00					

OFFICIAL NUMBER V24172

NAME.....ROBERTSON

.....
(Surname)

Robert Gordon
(Given Names)

(Given Names)

....DATE OF BIRTH.....29th November, 1919.....

PLACE OF BIRTH Minnitionas, Man.

OCCUPATION Salesman (Blue Ribbon Ltd)

RELIGION.....United

...EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Ste. 8 Green & Lister Blk.

Town

Winnipeg

.....Province, etc

Man.

[illegible]

NEXT OF KIN. RELATIONSHIP (in pencil)

NAME (in pencil).

ADDRESS (in pencil): Street and No.

Town

.....Province, etc

[illegible][illegible][illegible]

W. S. G.
APPLICATION
13397
RECEIVED