

V33660
WILLIAMS

ROLAND

GEORG

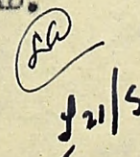
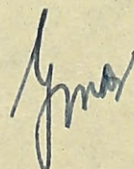
48

N.S. V-33660, PERS.(N)

22 May, 1945.

THIS IS TO CERTIFY that according to official information Roland George Williams, Leading Stores Assistant, Official Number V-33660, 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 at sea.


Deputy ~~SECRETARY~~, NAVAL BOARD.


J. M. Williams

N.S. V-3677, PERS.(N)

LA/FJL

REG

AIR MAIL

N.S. V-33660 Pers. (N)

21 March, 1945.

Dear Mr. Williams:

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 son, Roland George Williams, Leading Stores Assistant, Official Number V-33660, Royal Canadian Naval Volunteer Reserve, is missing at sea.

The only information that can be given at this time is that your son 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 son'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.

Mr. Samuel G. Williams,
13 Hospital St.,
ST. JOHN, N.B.

- 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 son has helped to maintain.

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mr. Samuel G. Williams,
13 Hospital St.,
ST. JOHN, N.B.

Despatched by
Sec. N. B.

Date 22.4.45
Time 1300

23 April, 1945.

Dear Mr. Williams:

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 son, Roland George Williams, Leading Stores Assistant, Official Number V-33660, 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. While there is no official confirmation of these statements, they are believed to be authentic, considering their source:

"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.

DEPARTMENT OF NATIONAL DEFENCE
- NAVAL SERVICE -

OTTAWA, Canada.

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

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO., UNIT
------	----------------	-----------------

WILLIAMS, Roland George	Leading Stores Assistant	V-33660, R.C.N.V.R.
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DATE OF ENLISTMENT - 23 March, 1942. Active Service: 13 April, 1942.

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 and the High seas or elsewhere)

Reason for discharge and - "Missing" at sea from the ship in which he was
when and where any disability
was incurred, or where death
occurred. serving as a result of enemy action. Should noinformation be received to the contrary, you will be notified when official
presumption of death with 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 - Father NAME - Mr. Samuel G. Williams

ADDRESS - 13 Hospital Street, ST. JOHN, N.B.

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

... 1/3/45 N.P.R./5

Noted

D. N. P. A.

28.3.45
E. P.

H. B. Money

For SECRETARY, NAVAL BOARD. c

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.

CM

31

OTTAWA, Ontario, 26 March, 5
N.S. V-33660, PERS.(N)

Dear Sir:

The undermentioned Canadian Naval Casualty
is forwarded to you for transmission to the Inspector of
Income Tax concerned:

Name WILLIAMS Roland George
..... (Surname) (Christian Names)

Rank/Rating Leading Stores Assistant

Official No. V-33660 Unit R.C.N.V.R.

Nature of Casualty Missing at sea due to enemy action

Date of Casualty Will be reported later

Address at time of Enlistment 13 Hospital Street,

..... SAINT JOHN, N.B.

Marital Status at time of Enlistment Single

Occupation Bookkeeper & clerk

Name, Relationship, Address of Next-of-kin Father:

Mr. Samuel G. Williams, 13 Hospital St., St. John, N.B.

Yours truly,

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

The Deputy Minister (Taxation),
Department of National Revenue,
Ottawa, Ont.

Confidential.

113-51742

Saint John, N. B., October 21,

3.

1381537

Director General of Naval Stores,
New Naval Building,
Ottawa, Ont.

Dear Sir:

Re Supply Assistants,
H.M.C.S. "Brunswicker"

In accordance with instructions, submitted
herewith is confidential report on Supply Assistants
at the above Division.

V-4849. J.H. Davis, L.S.A., is 29 years of
age, of good appearance, very intellectual, sober and
very efficient in the performance of his duties. After
period of training, he served in Stores at H.M.C.S.
"Stadacona" from July 1st, 1942 until September 20th,
1942, when he was posted to H.M.C.S. "Brunswicker".

His experience in civilian life is of benefit
to him in present work, as he served with Dominion Stores,
Limited for approximately three years, and T. Eaton Co.,
Limited for over eight years.

It is considered that this man is quite cap-
able of handling an appointment with greater responsibili-
ties than the present one.

V-33660. R.C. Williams, L.S.A. is 23 years of
age, approximately 5 feet 7 inches tall, fair, neat
appearance, intellectual type. Keen, sober and very
enthusiastic in his work. He was posted to H.M.C.S.
"Brunswicker" April, 1942.

He was employed by Manchester, Robertson and
Allison, merchants, for three years and this experience
is of assistance to him in present duties.

He is apparently a young man worthy of advance-
ment.

Respectfully submitted,

[Signature]
[Signature]
[Signature]

Naval Stores Examiners.

/M.

CIRCULATION
SLIP

REFERRED TO: PERS. (N)



D.N.P.A.

(MR. CURRY)

SECTION

XI

*noted
D.N.P.A.
9.5.45
C.L.*

113. W-1742
9
8215
#1727
176996

COMMANDING OFFICER
SEP 7 1943
H.M.C.S. "BRUNSWICKER"
SAINT JOHN, N.B.

DEPARTMENT OF NATIONAL DEFENCE
ROYAL CANADIAN NAVY

HALIFAX, N.S. 2nd September, 1943.

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
Roland George WILLIAMS V 33660	P/S.A.	LEADING SUPPLY ASSISTANT (Ty)	Reference Naval Order 2219
		Effective date of Advancement	Note date rated S.A. on this form.
		1st June, 1943.	

To: The Commanding Officer
H.M.C.S. "BRUNSWICKER"
ST. JOHN N.B.

for
A/CAPTAIN, R.C.N. V.R.,
DRAFTING COMMANDER
R.C.N. DEPOT, HALIFAX, N. S.
DATE 29-9-43

Noted in H.M.C.S. *Brunswick* S.249A. #. A-34
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 *Leading Supply Assistant* (Ty)
to date *1st June* 1943.

E. Henry Johnson
COMMANDING OFFICER
DATE *8 Sep* 1943.

- 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 COMMANDER, R.C.N. DEPOT, HALIFAX, N.S.

VLH

Noted in Service
Records by *clp*

INITIALS
OCT 1 1943
FILE
DRAFTING AND ADJUSTMENT
DEPT

RECEIVED
JUN 23 1943
U.S. HOUSE
OF REPRESENTATIVES
GENERAL
CLERK

DRAFTING AND ADVANCEMENT
 DEPOT
 SEP 28 1943
 IN TRANSIT
 FILE

DRAFTING AND ADVANCEMENT
DEPT

SEP 3 1943

INITIALS	FILE
----------	------

Unemployment Insurance Card: *J-4*
Employer: — *Clint Regan Boy's Shop*
Nearest Claims Office: —
80 Pine St. W. 2nd Floor
Saint John N.B.

77445

N. V. 5
50M-1-41 (8973)
N.S. 815-11-5

CANADA

ATTESTATION FORM
(HOSTILITIES FORM)

DEPT.
NATIONAL DEFENCE

APR 16 1942

11370-1742

4

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME *Williams* OFFICIAL NO. *V-33660*
CHRISTIAN NAMES *Roland George* MARRIED, SINGLE OR WIDOWER *Single*

PERMANENT ADDRESS		RELIGION
<i>13 Hospital Street Saint John N.B.</i>		<i>Anglican</i>
DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<i>Nov 21/20</i>	Town <i>Saint John</i>	Father: —
*Original Nationality of:	County <i>Saint John</i>	<i>Samuel B Williams</i>
Father <i>English</i>	Province <i>N.B.</i>	<i>13 Hospital Street</i>
Mother <i>English</i>		<i>Saint John N.B.</i>

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <i>5</i>	Inflated <i>33</i>	<i>Light</i>			
Inches <i>5</i>	Deflated <i>31</i>	<i>Brown</i>	<i>Blue</i>	<i>Fair</i>	<i>Small scar right buttock</i>
	Mean <i>32</i>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<i>Junior High School</i>	<i>Bookkeeper & Clerk</i> <i>a Clint Regan Boy's Shop</i>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
<i>28/3/42</i>	<i>Prob S.A.</i>	<i>NMCS Brunswick</i>

(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

(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.

ENTERED IN PAY LEDGERS
H. M. C. S. "BYTOWN"
FAIR
ROUGH

Personnel Records Division.	
1. Noted in Records	<i>W.B.</i>
2. Index Card	TO <i>W.B.</i>
3. Non-Sub. Card	
4. Statistical Card	<i>W.B.</i>
5. Record Strip	<i>W.B.</i>
6. Pension Card	
7.	
8. DATE	<i>23/3/42</i>

(5) On being enrolled as a member of the AMCS Brunswick Division of
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 28th day of March/42

Signature of applicant Roland G. Williams

(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 28th

day of March/42

R.D. Munro Leitch
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Roland George Williams 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 Roland G. Williams

Witness R.D. Munro Leitch

Date 28/3/42 Rank Leitch R.D. MR

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

(E) CERTIFICATE OF ATTESTING OFFICER

Roland George Williams 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 AMCS Brunswick Division of the R.C.N.V.R. or in the appropriate official documents.

R.D. Munro Leitch
Attesting Officer.

28/3/42 194 R.C.N.V.R. Division (or other establishment) AMCS Brunswick

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.

This is to acknowledge that I have not been induced to enter the Academy Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

Roland G. Williams
Signature

NAVAL TRAINING and ACTIVE SERVICE

[illegible][illegible]

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
	Divisional	Strength				
	Grimswich	Prob S/A		28 Mch '42	12 Apr '42	
	On Active	Service				
	Grimswich	— " —		13 Apr '42	13 July '42	
	— " —	S.A.		14 July '42	31 May '43	
	— " —	hdg S.A.		1 June '43	15 Dec '43	
	Montcalm	— " —		16 Dec '43	10 Dec '44	
	Peregrine	— " —		11 Dec '44	3 Jan '45	
	Sladana (Luffborough)	— " —		4 Jan '45	28 Feb '45	
	Nise (Luffborough)	"		1 Mch '45	18 Mch '45	Presumed Dead (CNMO's Sig 2417518) May '1948 5249-A.60195

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

Date	Details	Captain's Signature
4 July 1944	Issued SCTW B-4416, 4	

N.V. 17
COM-9-43 (3943)
N.S. 815-11-17

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

CERTIFICATE of the SERVICE of

Roland George Williams.

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
	<i>H.M.C.S. "Brunswick"</i>	<i>V-33660</i>

Date of Birth	<i>21 November 1920</i>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth	<i>Saint John, N.B.</i>	<i>Father:-</i>
Place of Residence	<i>13 Hospital St. St. John N.B.</i>	<i>Samuel G.</i>
Trade brought up to	<i>Book Keeper & Clerk.</i>	<i>same address</i>
Religion	<i>Church of England.</i>	

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	
		<i>Duration of hostilities</i>	<i>Prob S/A.</i>	<i>1 March 1944</i>		<i>Ribbon of Canadian Volunteer Service Medal</i>
<i>23 March 42</i>						

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	5	32	113½	Light Brown	Blue	Fair	Small scar on right buttock.
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

Name

Roland

George

WILLIAMS

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 (Prob)	31 Dec '42	Wm. M. Brown
		V.G.	Sat (L.S.A.)	31 Dec '43	Wm. M. Brown
		V.G.	Sat. (Reg SA)	31 Dec '44	Wm. M. Brown
		V.G.	Sat (X/S.A.)	18 Mch 45 374	Wm. M. Brown

[illegible][illegible]

NAME IN FULL WILLIAMS, ROLAND, GEORGE RANK/RATING LDG. S.A.

[illegible]

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

ORGE.....RANK/RATING ..L.D.G..S.A:.....OFF.NO. V-33660.....ADDRESS

[illegible]

V33660

OFFICIAL NUMBER

NAME

(Surname)

WILLIAMS,

Roland George

(Given Names)

OFFICIAL NUMBER

V33660

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
HMCS "Brunswick"	S.A.Prob.	28	3	42	Div. Str. St. John.	V.G.	Sat.	31	12	42							
"	"	13	4	42	Active Service (D)	V.G.	Sat.	31	12	43							
"	"	14	7	42	Rated. (D.L. of 20/7/42.)	V.G.	Sat.	31	12	44							
"	"	1	6	43	Rated (249A # A34)	V.G.	Sat.	18	3	45							
"Montcalm"	"	17	12	43	DRD No. 261												
Peregrine	"	11	12	44	DRD #71 P6												
Guyborough	"	4	1	45	DRD S3 P8												
DISCHARGED	"				MISSING Per C.L.												
		18	3	45	Presumed Dead per Casualty List.												

GENERAL REMARKS

To be paid difference of pay between the rating of L/SA and Supply P.O. from 13.1.44 whilst performing present duties in Clothing Store HMCS Montcalm 249A A28009

DATE OF BIRTH			PLACE OF BIRTH			CIVIL OCCUPATION			RELIGION			PERM. RESIDENCE			PREV. ENL.			RANK OR RATE ON ENLISTMENT		
DY	MO	YR	BIRTH	MAIN	SNR	GION	B	CTV	TOWN	SERV	DIV	A	BR	RANK						
21	X	20	15	8	10	0	30	0	5	11	01	0	02	0	22	95				
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							
28	03	42	13	04	42								7720	0	22	93				
SENIORITY			STR			NON-SUB			M			CODED			CHECKED					
DY	MO	YR	CAT	A	B	ST														
01	06	43	13	00	00															

V33660

...OFFICIAL NUMBER

FILE NUMBER.

113-W-1742

OFFICIAL NUMBER.....V33660

NAME.....	WILLIAMS.	Roland George	DATE OF BIRTH	21 November, 1920.
	(Surname)	(Given Names)		

PLACE OF BIRTH Saint John, N.B. OCCUPATION Bookkeeper & Clerk.

RELIGION.....Anglican.....EDUCATION.....

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 13 Hospital Street, Town St. John, Province, etc. N.B.

[illegible]

NEXT OF KIN, RELATIONSHIP (in pencil) Mother 2/11/43 NAME (in pencil) Samuel H. McLean

ADDRESS (in pencil): Street and No. 13 Hospital St. Town St. John's Province, etc. N.B.

[illegible][illegible]

<div>RECEIVED W.A.P. 5472-3 DATE</div>			Date (in figures)			DAYS FORFEITED					O.H.F. Received. Unemployment Ins. Book St. John, N.B.	
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In'diff. Char.				
				</								

THE CANADIAN PENSION COMMISSION

MEMORANDUM

Pension Medical Examiner, SAINT JOHN

Ottawa, May 14th, 1945

Head Office.

V-33660 L-S.A. WILLIAMS, Roland G.

~~P.X.X.~~ ~~N.X.X.~~ H. D.V.A. 1943-R

The Department of National Defence, Naval Service

officially reports that the marginally named was reported -
Missing, presumed dead. He was serving in H.M.C.S.
"Guysborough" which was torpedoed and sunk by
enemy action at sea
on the date of death on service Canada & High Seas.
18th March, 1945

His next of kin is reported as - Father -
Mr. Samuel G. Williams,
13 Hospital Street,
Saint John, N.B.

The Addressograph Stencil shows payment of Assigned Pay of

\$ 30.00 a month to -
Mr. Samuel G. Williams,
13 Hospital Street,
Saint John, N.B.

As no D.A. was payable the Commission will not take
any action unless a claim is filed.

/FD
Central Registry will arrange
to transfer the file from
Quebec D.O.

E. Clewes,
for
Canadian Pension Commission.

OCCUPATIONAL HISTORY FORM

77446 16 1942
W3 W1742

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Section A—GENERAL INFORMATION

1. (a) Print name in full..... (b) Reg'l. No. V-33660
2. (a) Arm of service..... (b) Unit..... (c) Rank.....
3. (a) Date of birth..... (b) Have you any dependents?..... (c) Place of residence at time of enlistment.....
4. (a) Place of enlistment..... (b) Date of enlistment.....

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

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

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below)..... (b) At time of enlistment of what trade union or professional society were you a member?.....

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

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

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

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

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

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

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

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

- (a) State nature of business, or professional practice..... (b) Where was it located?.....
- (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

- (a) Do you wish to engage in farming after the war?..... (b) Do you feel competent to operate a farm?..... (c) If so, in what kind of farming?.....
- (a) Were you on a farm?..... (b) How many years' actual farming experience have you had?..... (c) In what provinces did you have experience?.....

Section G—MISCELLANEOUS

Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?.....

State nature of your plans (for example, do you plan to go to school, or have you been assured of a job, etc.).....
State employment preference or ambition you have, other than indicated elsewhere in this form.....



Copy To
VWJ
ES

APR 28 1942

SERVICE

NAME WILLIAMS, Roland George

O.N.

V-33660

PRESENT RANK/RATING:

~~Ldg. S.B.A.~~

Ldg. S.P.

DATE TAKEN ON ACTIVE SERVICE:

13/4/42

26

SERVICE

SHIP OR ESTABLISHMENT

FROM

TO

Brunswicker

D.S.

28/3/42

"

A.S.

13/4/42

Montcalm

17/12/43

Peregrine

11/12/44

Guysborough

4/1/45

IMPORTANT

(WILL): *no Rec.*

*Noted
D. N. P. A.
28.3.45
G. L.*

NAME & ADDRESS

OF NEXT OF KIN: Father: Samuel G. Williams,
13 Hospital Street,
St. John N.B.

HAS DISCHARGE FOR ANY REASON
BEEN PREVIOUSLY APPROVED?

No.

REASON:

DATE:

INITIALLED

ced

DATE

22.3.44

SECTION:

3. V. R.

(TO BE COMPLETED IN INK)

FORM C-3

PROVINCE OF NEW BRUNSWICK—CERTIFICATE OF REGISTRATION OF DEATH

REG.
No.

1. PLACE OF DEATH { Sub-Health District AT SEA. Area (City, Town or Civil Parish) _____
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 Civil Parish where death occurred _____ (b) In Province _____ (c) In Canada (if immigrant) _____

3. NAME OF DECEASED WILLIAMS (Surname) Roland George (Given name or names)
RESIDENCE No. 13 Street Hospital St. City, Town, Village or Civil Parish SAINT JOHN Province N.B.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex Male 5. Nationality (Citizenship) Canadian 6. Racial Origin English 7. Single, Married, Widowed or Divorced (write the word) Single

8. BIRTHPLACE Saint John, N.B.
(Province or Country)

9. DATE OF BIRTH November 21 1920
(Month) (Day) (Year)

10. AGE in { Years 24 Months 4 Days _____ If less than one day old _____
hrs. or min. _____

11. Trade, profession or kind of work as Bookkeeper & Clerk
spinner, teamster, office clerk, etc.
12. Kind of industry or business, as cotton-
mill, lumbering, bank, etc. A.C. Regan Boy's Shop.
13. Date deceased last worked at this occupation _____ 14. Total yrs. spent in this occupation _____

15. If married give name of wife or husband of deceased _____

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

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

20. Name of informant COMMANDER(S) A.D.N.R.
Address Naval Service Headquarters, Ottawa, Ont.
Relationship to deceased Director, Personnel Records.

21. Place of Burial, Cremation or Removal No burial.
Date of burial or removal _____

22. UNDERTAKER _____
(Name and address)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH March 18 1945
(Month) (Day) (Year)

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

CAUSE OF DEATH

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

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

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

27. 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 _____

28. S.D.R. No. _____

29. Filed _____ 19 _____
(Sub-Deputy Registrar)

VITAL STATISTICS, REGULATION 210,
MAKES IT THE DUTY OF THE UNDERTAKER OR PERSON ACTING AS UNDERTAKER TO OBTAIN ALL
THE PARTICULARS REQUIRED IN THE "CERTIFICATE OF REGISTRATION OF DEATH" AND TO FILE
THE SAME WITH THE SUB-DEPUTY REGISTRAR WHO SHALL ISSUE THE BURIAL PERMIT.
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied.
(See reverse side for instructions.)

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "Niobe for Guysborough" ending 30th June, 1945.
List 12.2 No. 30 (Name) WILLIAMS, Roland Rank Rating 1/A.A. No. V35660.
When entered F.B. Date of appearance F.B. Whither discharged D.D.17 Mch'45.

	\$	c.				
CREDIT from former account	27	53				
Pay as Ldg. 3.1. (Rank Rating) from 1 Apl. to 31 Mch. (0 days at \$ 2.25 a day)	-	-				
" " " " " " " " " " " "						
" " " " " " " " " " " "						
" " " " " " " " " " " "						
" " " " " " " " " " " "						
Kit Upkeep Allowance						
OTHER CREDITS:						
Total credits	27	53				
DEBT from former account						
PAYMENTS:—						
	1st	2nd	3rd	4th	5th	
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	
1st month						Total
2nd month						Total
3rd month						Total
Allotment						
Pension deduction (Officers) charged to						of
Hospital stoppages						
Mullets						
OTHER CHARGES:						
Niobe May cash acct', receipt voucher N-R-222.						27 53
Total debits						27 53
Balance Cr. or Dr.						- -

(Balance Dr. to be shown in red)

Number of days actually victualled during period mentioned above

NOT VICTUALLED	LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
		FROM	TO		

Date 30th June, 1945.
W.T. WTR. OFFICER R.C.N. ACCOUNTANT OFFICER
for Supply Officer.
L.M. Langstaff
Ledgers: R: F:

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

62 on 98
Put in for 98
Col. H. H. H.

NAME WILLIAMS, Roland Rating L/S.A.
Official No. V 33660 HMCS. Niobe for Guysborough List 12.2/30
Who Discharged Dead on the 17th March 1945

	\$	cts.
Net sum due on ledger on account of Wages.....	27	53
Proceeds of sale of Effects charged against Wages, brought from the other side.....		
CASH--	\$	cts.
Proceeds of sale of Effects, brought from the other side.....		
Found amongst Effects.....		
Debts collected		
Cash deposited by official Receipt No.....		
<u>H.M.C.S. Niobe May receipt voucher N-R-222</u>	27	53
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.....	--	--

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 Niobe for Guysborough
amounting to a net balance of
.....dollars.....cents.

Dated on board H.M.C.S. Niobe at Greenock
Scotland this fifth day of June 1945

Approved D. P. Dawson Supply Officer
A/Commander, (S.M.C.S.) V.R. Initials of the
Warrant Officer, RCH. Asst. Supply Officer
for K. L. Hargrave 1st Lt. RCH. Commanding Officer.

For Use at Headquarters. \$.....cts.....credited on

No.....to.....

Signature.....

Date.....19.....

Noted on Pa 11
mmnd
6-7-45

NON QUALIFYING SERVICE

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

DATE OF DISCHARGE

DATE OF VOLUNTARY RELATCO

(%) VOL OF RELATCO

OVERSEAS SERVICE:

Where Serving

From

To

No. of Days

Orysborough

4 Jan /45

18 MAR/45

74

28
28
18
74

RELATCO

DATE OF VOLUNTARY RELATCO

DATE OF DISCHARGE

DATE OF DISCHARGE

DATE OF VOLUNTARY RELATCO

DATE OF RELATCO

DATE OF DISCHARGE

IN MAT

RELATCO

ON DISCHARGE

CONVERSION OF SERVICE

DATE SERVICE CHANGED

DATE OF DISCHARGE

DATE NO. 1

DATE OF VOLUNTARY RELATCO

W.S.G. Application No. 10589✓

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

FILE NO. N.S. Y 33660✓

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>WILLIAMS</u> ✓	<u>ROLAND GEORGE</u> ✓	<u>Y 33660</u> ✓	<u>L/S.A.</u> ✓
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: DEAD (GUYSBOROUGH)✓
APPLICANT: FATHER (RECEIVED A.P. \$30.00)✓

TOTAL SERVICE

2026
956
1070
1071

Date of Active Service 13 APR/42✓

Date of Discharge 18 MAR/45✓

Total No. of Days 1071✓

Less non qualifying service NIL

Total Days 1071✓

OVERSEAS SERVICE

% Total No. of Days 74✓

Less non Qualifying service NIL

Total Days 74✓

Record of Service in other Forces (per Naval Records)

Branch of Service N

Date of Active Service 1

Date of Discharge h

& % Overleaf

Computed By Williams

Checked By Williams

Heather

for (R.W. Underhill)

A/Captain (s) R.C.M.V.R.

Director of Naval Pay Accounting

JUL 19 1945

DATE: _____

810

00P

Mr. Samuel G. Williams,
13 Hospital St.,
Saint John, N.B.

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. 33660 FD 98

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

10th 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

WILLIAMS

Roland G., L/ST/ASS.

V. 33660

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.

Chas Smith
Col.

Director of Estates.

HRW/BGS

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.....	None.			
2	Children of the Deceased and dates of their Births.....	None.			
3	Father of the Deceased.....	Samuel Williams	51	13 Hospital St. Saint John N.B.	
4	Mother of the Deceased.....	died January 19 th 1939. (Alice M. Williams)		Dead January 19 th 1939	
5	Brothers of the Deceased	Full Blood # 8701. Pl. Ronald L. Williams	29.	C/o 7070. 6 I(B)TC. Fredericton N.B. (last address)	
		Half Blood			
6	Sisters of the Deceased	Full Blood Mrs. Laura D. Letus Lillian Williams	23 21	13 Hospital St. Saint John N.B.	
		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		
		None.			

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Poland George William
9	Date of his birth.	November 21 st 1920.
10	Place and date of his marriage.	Not married
11	Place and date of his parents' marriage.	Saint John NB November 2 nd 1919.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	216 Waterloo St Saint John NB
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) } Saint John NB (c) } (d) }
14	Nature of employment before enlistment.	clerk.
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.	Saint John NB.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	none
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?	none
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?	none — <i>transmitted 10/22/21</i>
20	Amount of War Savings Certificates held by deceased. Indicate where located.	2 \$5. Certificates. I have them. (Father)
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$100 Bond (bearer) I have it (Father)
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	2. \$1000 Police Life Ins Co. 1 \$1000 " London Life " (ALL Carry War. Clause) Same William
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.	no.

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

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

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

* Father 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.

Samuel G. Williams
13 Hospital St. Saint John N.B.

Signature of Informant
Address

CERTIFICATE

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

*See above. Samuel G. Williams { Name of informant } is the Father of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Saint John N.B. this 15th day of May 19 45

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

F. J. Belgee, Jr. Qualification Chief Engineer

Address Saint John General Hospital.

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

all Insurance policies carry War Clause
they were taken out after 1941 1943.
what was paid in will be returned
with 3 per cent

SGW

D OF D 18-3-45

D. D.

AWARDS NAVY

WILLIAMS	Roland George	V-33660	L/S.A.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

[illegible]

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Nov. 45 "GUYSBOROUGH"

(1) MEDALS
PERSON

ENTITLED TO Mr. Samuel G. Williams - Father

ADDRESS: 13 Hospital Street,
Saint John, N.B.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER deceased

ADDRESS:

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP.....

(1)

REGN. NO.....

538

(2)

(3)

IG

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

346 2
NAVY

DECEASED
MEMBER'S
NAME

Roland George
(CHRISTIAN NAMES)

WILLIAMS
(SURNAME)

REGISTER NO. 10589
FILE NO. NS.V-33660
DATE 30th July '44
SERVICE NO. V-33660
FINAL RANK OR RATING Ldg. S.A.
DATE OF DISCHARGE 18th Mch '45

PAYEE
ADDRESS

Director of Estates, for Service Estate of
308 Sparks St., Roland G. Williams,
Ottawa, Ont. NSV-33660

DATE OF TERMINATION OF OVERSEAS SERVICE

18th Mch '45

DATE OF DISCHARGE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1071 EQUAL TO 35 COMPLETE PERIODS AT \$7.50

\$ 262.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 74 LESS 21 INELIGIBLE DAYS, EQUAL TO 53 DAYS @ 25c. PER DAY

13.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 2.25
SUBSISTENCE OR LODGING \$ 1.45
AND PROVISION ALLOWANCE
ADDITIONAL PAY H.L.M. \$.13

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.83 X 7 = \$ 26.81
NO. OF DAYS 74 X \$ 26.81

10.84

D. WAR SERVICE GRATUITY

286.59

E. DEDUCTIONS

OVERPAYMENT OF

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

N11

OTHER DEDUCTIONS

F. TOTAL AMOUNT PAYABLE

286.59

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 286.59

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
M

CHECKED BY
Ara

TREASURY

CHECKED BY

DATE

5/7/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

DISTRIBUTION OF SERVICE ESTATES

NAVY


Name WILLIAMS Rolland G. No. V.33660
Surname Christian Names

L/S/A R.C.N.V.R.O/S 18-3-45
Rank Unit Date of Death

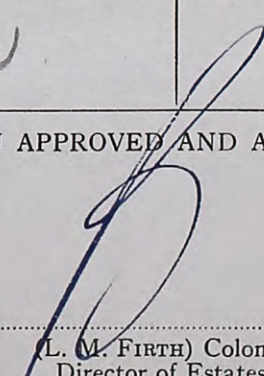
AMOUNT W.S.G. 286.59
L.P.C.....\$ 160.71
Other Credits.....
Total..... 447.30
Prev. Dist. 321.30
This Dist. 126.00

Date..... 15-12-45

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	<p>Samuel G. Williams, 13 Hospital St., ST. JOHN, N.B.</p> <p>(as next of kin entitled)</p> <p>P4. TO TREAS. 25-1 QW</p>	\$126.00

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$126.00 \$116.98
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