

A4958
CROFT
MOYLE

HALIBU

118804

NATIONAL REFERENCE

SEP 5 1941

103-1494
CANADA

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 MOYLE HAMILTON CROFT (b) Reg'l. No. A4958
2. (a) Arm of service Infantry (b) Unit RCAR (c) Rank Pvt
3. (a) Date of birth 3 July 12 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Forestburg MS
4. (a) Place of enlistment Forestburg (b) Date of enlistment 28 Aug '41

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 1 yr High School
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? No (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? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? None

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 Anthony Croft Address Forestburg
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Farmer
20. (a) Your specific occupation Farmer (b) Number of years' experience at this occupation with any employer 3 yrs
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? Yes (b) Do you feel competent to operate a farm? Yes (c) If so, in what kind of farming? Wheat
25. (a) Were you born on a farm? Yes (b) How many years' actual farming experience have you had? 3 yrs (c) In what provinces did you have experience? MS

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.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form.

DATE 28 August 1941 SIGNATURE

O.H.F. Received

COPY TO
VWD
ES

SEP 12 1941

RCNR

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

~~True Copy of the~~
CERTIFICATE of the Service of
Moyle Haliburton C R O F T
in the Naval Service of Canada C.N.A. 30942.

PORT DIVISION	HALIFAX	OFFICIAL NUMBER <u>A-4958</u>
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Date of birth..... 3rd July 1912.

Where born { Town..... First South,
County and province..... Lunenburg County, Nova Scotia.

Usual place of residence..... First South, Lunenburg Co., N.S.

Trade brought up to..... Farmer, fisherman.

Religious denomination..... United Church.

Next of kin..... Rosaline (wife) same address
5/12/41

Can swim.....

Man's signature on discharge to pension.....

CONTINUOUS SERVICE ENGAGEMENTS			MEDALS, CLASPS, Etc.	
Date of actual volunteering	Commencement of time	Period volunteered for	Date Received	Nature of Decoration
	28 Aug.41	Duration	21 Nov'43	Ribbon for 1939-43 Star

DESCRIPTION OF PERSON	STATURE		COLOUR OF			MARKS, WOUNDS AND SCARS
	Feet	In.	Complexion	Hair	Eyes	
On entry as a boy.....						
On advancement to man's rating, or on entry under 28 years.....	6		Fair	Blond	Blue	NIL....
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....						
Further description if necessary.....						

Name: Moyle Haliburton CROFT

SHIP'S NAME	LIST AND No.	RATING	FROM	TO	CAUSE OF DISCHARGE
Stadacona		Able Seaman	28 Aug '41	7 Sep '41	
S.S. Georgian		— " —	8 Sep '41	7 Sep '41	
Avalon		— " —	8 Sep '41	3 Jan '42	
Marrida		— " —	4 Jan '42	25 Jan '42	
Avalon		— " —	26 Jan '42	5 Sep '42	
Stadacona		— " —	6 Sep '42	27 Oct '42	
Niobe		— " —	28 Oct '42	3 Feb '43	
Niobe (Athabaskan)		— " —	4 Feb '43	29 Apr '44	Reported missing 20/32 Capt V. Plymouth 224 30/1419 B. Opl. 44 Presumed Dead CNMO's Sep. 132109 Jan 1945

Reported missing 20132
 Apt 7 Plymouth St
 301.4198 Apt 44
 Recurred Road
 CNMO's Apt. 132109
 Jan 1945

DATE	Wounds received in Action and Hurt Certificate; also any Meritorious Service, Special Recommendations, Prize or other Grants	CAPTAIN'S SIGNATURE
13-3-42	Awarded SE TW. # 64646.	

Examinations and Notations other than those entered on Gunnery and Torpedo History Sheet[illegible]

Moyle Haliburton C R O F T

Name.....

Conduct

[illegible]



118803

DEPT
NATIONAL DEFENCE

SEP 13 1940
494
CANADA

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined Moyle Croft
candidate for entry as A.B. RCNR
and I believe him to be * in all respects fit for His Majesty's Service. He has signed
the Certificate given below in my presence.
unfit for His Majesty's Service for the reason stated below.

†Strike out if inapplicable. * Delete one.

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

Age { Years Months (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or revac- cinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Varicocele, etc. (n)	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc. (o)	Anus, Hemorrhoids, etc. (p)
24 1 month	158 1/2 lbs.	6 ft. ins.	Good	inches (a) maximum 34 (b) minimum 34 1/2 (c) mean 34 1/2	right eye 6/6 left eye 6/6 colour vision sw.	school war. 124 over 74	X-Ray P. 99 B. 100	normal	normal	normal	normal	normal	normal	normal

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

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

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

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

Signature of Candidate

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

This Candidate is the subject of.....

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

IF REJECTED
insert here
UNFIT
in block letters

Dated at Halifax the 14 of August 19 41

Thomas P. Waker
Examining Medical Officer

(Rank) Lieut. Col.

QH

1 18802

N. R. 5

30M-7-40 (5932)
N.S. 815-12-5DEPT.
NATIONAL DEFENCESEP -3 1941
N.S. 122-0494
CANADA**ATTESTATION FORM****FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE**SURNAME CROFT OFFICIAL No. A 4958CHRISTIAN NAMES Moyle Haliburton MARRIED, SINGLE OR WIDOWER Married

PERMANENT ADDRESS		RELIGION
First South, Lun. Co., N.S.		United Church.
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
3rd July, 1912	Town First South County Lunenburg Province N.S.	Mrs. Rosaline Croft, (mWife) First South, Lun. Co., N.S.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... <u>6</u>	Inflated..... <u>34</u>	Blond	Blue	Fair	Nil.
Inches..... <u>158</u>	Deflated..... <u>34½</u>				
	Mean..... <u>34</u>				
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
28th August, 1941.	Able Seaman (temp)	Farmer, fisherman.			

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

NOTE.—Candidates for enrolment as *Seaman* are to cross out clauses (b) and (c) above.

Candidates for enrolment as *Stoker* are to cross out clauses (a) and (c) above.

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

Candidates for enrolment as *Engineman* are to cross out clauses (a) and (b) above.

Personnel Records	
1. Noted in Records
2. Index Card
3. Non-Sub. Card
4. Statistical Card
5. Roneo Strip
6. Pension Card
7.
8.
DATE	12/9/41

*Cross out
clause not
applicable.

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

(5) That (a)* I have never served, and am not serving in any Naval, Military, Reserve or Territorial Force.

(b)* I served in..... Nil..... for the
period shown.

Served in	Rank	From	To
Nil.....		

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

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

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

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

Dated this 28th day of August, 1941.

✕ Moyle H. Croft
(Signature of Applicant)

(C)

OATH OF ALLEGIANCE

I, Moyle Haliburton CROFT. do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty.

Signature of Applicant. ✕ Moyle H. Croft

Witness. H. Plummer

Date. 28th August, 1941 Rank. Lieutenant, R.C.N.V.R.

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

(D)

CERTIFICATE OF ATTESTING OFFICIAL

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

allegiance in my presence this 28th day of August, 1941.

H. Plummer
(Signature of Officer and rank)
Lieutenant, R.C.N.V.R.

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

A-4958

NAME _____

CROET

Movie Haliburton

DATE OF BIRTH

PLACE OF BIRTH First South, Lunenburg Co., N.S.

OCCUPATION Farmer Fisherman.

RELIGION.....United Church

EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

Town.....First South, Lun. Co., Province, etc.....N.S.

ENGAGEMENTS

DESCRIPTION

PREVIOUS SERVICE

[illegible]

NEXT OF KIN RELATIONSHIP (in pencil)

NAME (in pencil).

ADDRESS (in pencil): Street and No.

Town Rosa Bay, Lunenburg Province, etc.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

EXAMINATIONS, CERTIFICATES, ETC.

[illegible]

BADGES, G.C. OR G.S.

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

[illegible]

O.H.F. Received

Date (in figures)

DAYS FORFEITED

[illegible]

SECOND CLASS FOR CONDUCT

From

To

H.Q. 35—60M—6-43 (609)
N.S. 815—7-35

W. S. G.
APPLICATION
10543
RECEIVED
7/6/4

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
Stadacona	Able Smn.	28	8	41		V.G.	Sat.	31	12	41							
S.S. Georgina	"	8	9	41		V.G.	Sat.	31	12	42							
Avalon	"	8	9	41		V.G.	Sat.	31	12	43							
Marvida	"	4	1	42		V.G.	Sat.	29	4	44							
Avalon	"	26	1	42													
Stadacona	"	6	9	42													
Niobe	"	28	10	42													
Niobe(Athabaskan)	"	4	2	43													
DISCHARGED	"	29	4	44	"Missing" after sinking fo HMCS "Athabaskan" Presumed "Dead" 29.4.44 (Casualty List) Casualty List. S.C.												
GENERAL REMARKS																	
Canadian Memorial Cress forwarded 31.1.45 to Wife: Mrs Rosalean Croft Rose Bay, Lunenburg Co., N.S.																	

NAME IN FULL CROFT, Mayle Halibenton RANK/RATING A B

VERIFIED BY AKL

VERIFIED BY

ING .. AB OFF. NO. .. A-54958 ADDRESS

DIR. OF PERSONNEL RECORDS.

MLT/DG

17

123-C-494
(PERS.(N))


17th September, 1943.

Madam:-

With reference to your letter dated 1st September, 1943, the Birth Certificate of your daughter, Mary Helen, born 14th June, 1943, was forwarded to the Dependents' Allowance Board to which Department, administration of Dependents' Allowance for Canadian Naval Personnel was transferred on 1st August, 1943.

The Birth Certificate will be returned to you, when necessary action has been taken.

Yours truly,


(C.F.G. Hill)
A/Pay Commander, R.C.N.V.R.
Director of Naval Pay Accounting.

Mrs. Rosalean Croft,
Rose Bay,
Lunenburg Co., N.S.

20th August, 1943. 14

Sir:

Payment of Dependents' Allowance where the
applicant is serving at sea or overseas.

It is requested that necessary action
 be taken by the Board to put in force payment of
 additional Dependents' Allowance in respect to:

.....Mary Helen Croft.....

born.....14th June, 1943.....child of

..Moyle Haliburton Croft, A.B., O.No. A-4958.....
 Rank or rating and O.No.

H.M.C.S...."STADACONA".....for H.M.C.S.."I 4234".

Birth certificate is herewith enclosed.

Dependents' Allowance in force \$..48.05.....

Assigned Pay in force \$..27.95.....

Total \$..76.00.....

Allottee's name...Mrs. Rosaleen B. Croft

Relationship.....Wife.....

Address.....205 Chebucto Road.....

.....Halifax, N.S.

Qualifying Assigned Pay in force at
 date of birth of child paid continuously.

Other dependents:

Daughter: Joan Rose Born: 20th January, 1942.

Yours truly,

--Encl.--

A. G. Hill
 (C.F.G. Hill)
 A/Pay. Commander R.C.N.V.R.
 Director of Naval Pay Accounting

The Chairman,
 Dependents' Allowance Board,
 Records Bldg.,
 Experimental Farm,
 Ottawa, Ontario.

W. P. POTTER, K.C.
Barrister & Solicitor,
OFFICES: POWERS BUILDING, LINCOLN STREET
TELEPHONE 462
LUNENBURG, N.S.

50
A 4958

2029113

November 13th, 1944.

Re: A4598, AB Croft, Moyle Haliburton,
H.M.C.S. "Athabaskan".

Dear Sir:

The above-named seaman was supposed to be serving on the "Athabaskan" at the time of her loss and his parents have asked me to assist them in obtaining what information there is available concerning him.

They state that they have received no official advice and know nothing excepting what appeared in the press at the time. This seems unusual for I understand that the practice is to advise all next of kin of casualties before giving their names to the press. ✓

I shall be much obliged if you will let me know whether this seaman's name was among those posted as killed, missing or prisoners of war.

I am unable to obtain the name of the proper officer to whom this letter should be addressed and shall be much obliged if you will pass it along through the proper channels and ask the officer in charge of these records to write to me or to the next of kin of the man as they are stated in his papers.

Referred for your comments and draft reply, please.

W.G. Mills

(W.G. Mills)
Deputy Minister.
20/11/44

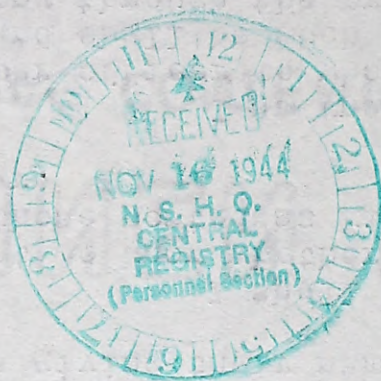
Yours very truly,

W. P. Potter
W. P. Potter.

(1)
Deputy Minister of Naval Services,
Department of Naval Service,
Ottawa, Ontario.

HF.

7-12



51

27 November, 1944.

Sir:

Referring to your letter of the 13th of November, 1944, it is the practice of the Department to initially inform only the nearest next of kin of a casualty as nominated by the rating unless a request is made that other members of the family be informed. As Moyle Haliburton Croft, Able Seaman, Official Number A-4958, Royal Canadian Naval Reserve, declared his wife, Mrs. Rosaleen Croft, Rose Bay, Lunenburg County, N.S., as next of kin and there was no record in the Department of his parents, his wife was informed by telegram and registered Air Mail letter on the 5th of May, 1944.

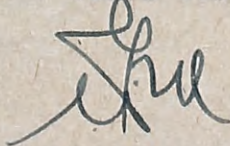
Able Seaman Croft is missing since H.M.C.S. "ATHABASKAN" was torpedoed and sunk by enemy action on the 29th of April, 1944, in the English Channel. No information has since been received of his survival or that he is a prisoner of war.

Eighty-five men, which is the number the Germans claimed to have captured, are known to have been taken prisoners of war from this ship. This list was compiled from names officially communicated by the German Government and from "capture cards" and letters forwarded to the next of kin by prisoners of war in German camps. Five of these prisoners, one Officer and four ratings, were returned to the United Kingdom.

Ten officers and one hundred and fifteen ratings are still missing from H.M.C.S. "ATHABASKAN" and I regret to inform you that slight hope is now held for the survival of Able Seaman Croft and the others listed as missing.

Should no information be received to the contrary, the Canadian Naval Authorities will officially presume his death at a later date. There is no minimum or maximum time that personnel may be listed as missing, each case being judged individually. Due to the circumstances surrounding the loss of H.M.C.S. "ATHABASKAN", it is not known at this time when an official presumption of death will be made.

Yours very truly,

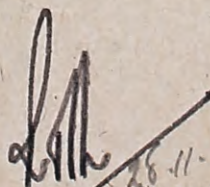


(W.C. Mills),
Deputy Minister.

SEEN BY
MINISTER.

4/12/44

Mr. W. P. Potter, K.C.,
Barrister & Solicitor,
Powers Building,
Lincoln Street,
LUNenburg, N.S.


Deputy Secretary,
Naval Board.

CHL

~~Mayle Croft (Deceased)~~
H.B. No. 9.5.8.

Felton South
Lun Co. N.S.



Dear Sir, 51946 - NMF

I received a letter from the Estates branch some time ago regarding the accounts in the bank of Montreal and the Bank of Canada of my deceased husband. The money has been withdrawn by the Estates Branch a month ago I think its about time you forward it to me or give me some information about it. I would like to know why you are holding it so long.

I always thought that all service men had to make a will before going overseas if they do or not. haven I and my two children a right to the insurance instead of Mrs Anthony Croft mother of my husband who never needed it

Mrs Rosaleen Trickle

ESTATES BRANCH

HQ NS A4958
FD 920

March 11th, 1946.

Mrs. Rosalean Knickle,
Feltzenouth, N.S.

CROFT. Moyle H. A/Smn (Deceased)
No. A-4958 R.C.N.V.R.

Dear Mrs. Knickle:

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

The total amount available to this Branch
for distribution is \$545.87, which is made up as follows:

Balance of pay and allowances	\$56.50
Bal. of Bank Acct. Bank of Montreal Lunenburg, N.S.	71.59
Bal. of Bank Acct. Bank of Canada, Lunenburg, N.S.	333.78
Proceeds, redemption of War Savings Certificates	84.00
Total -	<u>\$545.87</u>

As your husband did not leave a Will, his
estate, therefore, is being distributed in accordance with the
Intestacy Laws of the Province of Nova Scotia. Accordingly,
the whole amount is being paid to you--one-third as the next-
of-kin entitled and two-thirds for the benefit of your m
two minor children.

Treasury has been requested to forward direct to
you a cheque payable to your order, in the sum of \$545.87, and
on receipt of the same, it is requested that you sign and return
the enclosed form of receipt, and return it to Director of Estates,
Department of National Defence, 308 Sparks Street, Ottawa, Ontario.

Yours faithfully,

HRW:AK
Encls.

Director of Estates

ESTATES BRANCH

A.4958 FD920

June 13, 1945.

The Cashier,
The Great-West Life Assurance Company,
Dennis Building,
Halifax, Nova Scotia.

CROFT, Moyle Haliburton, A.B. (Deceased)
No. A.4958 R.C.N.R.

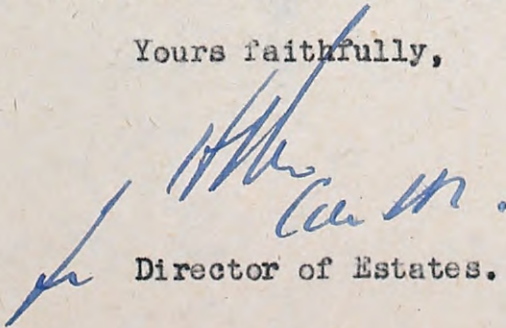
Dear Sir:

In reply to your letter of the sixth instant, I have to advise you that, according to the Casualty Notice received at this Directorate, there is no record of any Service Will on file at Naval Service Headquarters.

We have not yet received a completed form from the next of kin, the widow of this deceased, Mrs. Rosalean Croft of Rose Bay, Lunenburg County, Nova Scotia, although we sent this form in January of this year to enable us to determine whether there is any Civil Will, but presume that you have been in communication with her.

No personal effects are anticipated from any of the casualties of H.M.C.S. "Athabaskan" in which this rating was lost so no Will may be expected from that source and in all probability any available Service estate herein will be distributed as an intestacy for the province of domicile of this deceased which cannot be determined by us until we have received the completed form above mentioned. We are forwarding another form to Mrs. Croft today and would be obliged if you would request her to complete same and return to this Directorate as soon as conveniently possible.

Yours faithfully,


Director of Estates.

Six copies to be rendered to Naval Service Headquarters

58

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. NAVAL SERVICE HEADQUARTERS, OTTAWA, Ontario.

Name **CROFT, Moyle Haliburton**

(Christian names in full)

Rank or Rating **Able Seaman**

Official No. **A-4958**

Unit **R.C.N.
R.C.N.R.
R.C.N.V.R.**

Place of Birth **First South, Lunenburg
Nova Scotia**

Date of Birth **3rd July, 1912**

Occupation in Civil Life **Farm Labourer**

Religion **United Church**

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 28th August, 1941 to 29th April, 1944**

Date of Death **29th April, 1944**

Place of Death **At Sea**

Cause of Death **Missing, presumed dead, when H.M.C.S. "ATHABASKAN" was**

(If due to accident, violence, or enemy action, particulars to be stated briefly)

torpedoed and sunk by enemy action in the English Channel.

Nearest known relative or friend. Name **Mrs. Roselean Croft**

Relationship **Wife**

Address **Rose Bay, Lunenburg County**

Nova Scotia

Date on which the above was informed by Ship **Naval Service Headquarters: 1st May, 1944**

Date on which death was registered with local Officials

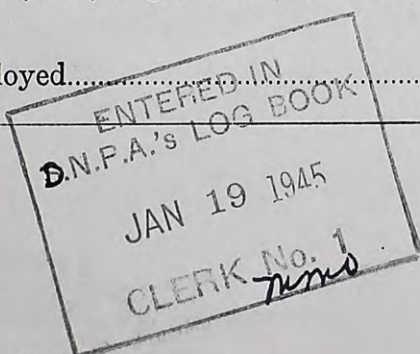
In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality

No Burial

If applicable { Place of Burial Date of Burial

Location, Number, etc., of grave

Undertaker employed



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

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

Date **OTTAWA, Ont. 12 January, 1945**

Emc

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.

D OF D 29-4-44

(NAVY)

D.D.

P

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

WAR SERVICE RECORDS

CROFT Moyle Haliburton		A-4958	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
WAR SERVICE				
BADGE				
(CLASS)	No.	DATE DESPATCHED:		

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star,	1355
Atlantic Star,	
C.V.S.M. & Clasp,	
War Medal.	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNR May 46 "ATHABASKAN"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mrs. Rosalean Knickle - Widow

Feltz ~~on~~ South,

ADDRESS:

LUNENBURG COUNTY, N.S.

4-5-49

MEMORIAL BAR

(1) DATE DESP

REGN. NO.

608

(2) MEMORIAL CROSS

WIDOW

Mrs. R. Croft

Rose Bay, Lunenburg Co., N.S.

ADDRESS:

(2)

31-1-45

(3) MEMORIAL CROSS

MOTHER

ADDRESS:

(3)

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

PROVINCE OF NOVA SCOTIA—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County of AT 55A Municipality of _____ Registered No. _____
 If in City or Town _____ Street _____ (For use of Registrar General only)
 (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 Rural Division where death occurred _____ (b) In Province _____ (c) In Canada (if immigrant) _____
 3. NAME OF DECEASED CROFT Noyle Haliburton
 (Surname) (Given name or names)
 RESIDENCE No. _____ Street _____ City, Town or Rural Division First South, Lunenburg Co., Province N.S.
 (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 _____ 7. Single, Married, Widowed or Divorced (write the word) Married

8. BIRTHPLACE Nova Scotia (Province or Country)
 9. DATE OF BIRTH July 3 1912
 (Month) (Day) (Year)

10. AGE in { Years 31 Months 9 Days 26 If less than one day old
 hrs. or min.

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc.
 12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. (Farmer, fisherman.)
 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 Mrs. Rosaleen Croft.

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

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

20. Signature of informant Paymaster Commander, R.C.N.R.
 Address NAVAL SERVICE HEADQUARTERS, Ottawa, Ont.
 Relationship to deceased Director of 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 April 29 1944
 (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, when H.M.C.S. "ATHABASKAN" was torpedoed and sunk by enemy action in the English Channel.
 Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. due to
 Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) _____ due to (c) _____
 II
 Other morbid conditions (if important) contributing to death but not causally related to immediate cause. _____

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. Registrar's Record Number _____

29. Filed _____ 19 _____ (Division Registrar)

SEC. 46—VITAL STATISTICS ACT 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 DIVISION 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.)

Mrs. Rosalean B. Croft,

Rose Bay,

Lunenburg, Co., N.S.

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. N.S. A-4958 FD. 920

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

12th October, 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

CROFT, Moyle H., A.B.

No. A-4958, R.C.N.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.

HRW:MS

Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	Mrs Rosalean Knickle	23	Feltzensouth
2	Children of the Deceased and dates of their Births.....	Joan Rose Croft Mary Helen Croft	3 2	Jan 20 June 14.
3	Father of the Deceased.....	Anthony Croft		Firistouth
4	Mother of the Deceased.....	Mary Croft		Firistouth
5	Brothers of the Deceased	Ivan Croft Hilton Croft		Firistouth Firistouth
6	Sisters of the Deceased	Laura Bennet Doris Harvey Amy Levey Katholine Mossman		U.S.A. Halifax Firistouth Firistouth
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.	Moyle Haliberton Croft.
9	Date of his birth.	July 7, 1912
10	Place and date of his marriage.	Rose Bay Sept 27, 1939
11	Place and date of his parents' marriage.	? do not know

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Firstsouth
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Firstsouth (b) Lunenburg Co. (c) N.S. (d)
14	Nature of employment before enlistment.	Farmer.
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.	do not know

PARTICULARS OF ESTATE

17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	No.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	does not apply <i>upright</i>
19	(a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased.	Bank deposit account Bank of Canada & Bank Montreal ? Lunenburg N.S. see note
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	200 do not know
21	(a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they?	330. don't know don't know don't know Mary Croft Firstsouth one overseas
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Brown Life don't know other particulars The Great West
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.	no debts as far as I know
----	--	---------------------------

DECLARATION

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

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

* wife 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.

Mrs Rosalean Knickle {Signature of Informant
Felgenbouth Address

CERTIFICATE

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

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

Dated at Rose Bay, N.S. this third day of November 1945.

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

A.L. Combard Qualification Clergyman

Address Rose Bay, Lun. Co., Nova Scotia.

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

Regarding name of informant: Mrs. Rosalean Croft is now Mrs. Winfred (Rosalean) Knickle who was married on March 3rd, 1945.

Mrs. Knickle is not able to fill out full particulars to some of the questions asked herein as she does not know, for none of the papers such as War Bonds, certificates, and Insurance, ^{policy} and bank book are ~~not~~ in her possession but she believes that they may be at the home of the parents of the deceased.

This is the reason that she did not answer before feeling that what she knew would be of little information.

On the basis of what information is given herein I have signed the declaration ~~believing~~ ^{believing what} she told me to be correct.

Sincerely yours,

A.L. Combard
A.L. Combard.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

XXXXXXXXXX NAVY

LL

Name.....CROFT.....No.....
SurnameChristian NamesMoyle, H. A4958
A/Sqn. RankUnitR.C.N.V.R. 0/320-4-44 Date of Death

AMOUNT

Date9 May 46

L.P.C.....\$ 56.50
Other Credits.....
Total.....612.86
Prev. Dist. 669.36
This Dist. 545.87
123.49

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Rosalean Knickle, Feltzensouth, N.S. (1/3 as next of kin entitled) (2/3 for benefit of 2 minors) DO NOT REMOVE FROM FILE P4. TO TREAS. 16-5-46 QW	123.49

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	123.49
CLASSIFIED BY			EXAMINED BY		
P.			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased

Member's Name

Moyle Haliburton CROFT
(Christian Names) (Surname)

Payee

Mrs Rosaleen B. KNICKLE

Address

Fitzgibbon
Lunenburg Co. N.S.

Register No. 10543

File No. A4958

Date 26-6-45

Service No. A4958

Final Rank or Rating A.B.

Date of Discharge 29 apr. 44

Date of termination of overseas service 29 apr. 44

A. TOTAL QUALIFYING SERVICE

No. of days 976 equal to 32 complete periods at \$7.50
30

240.00

B. QUALIFYING OVERSEAS SERVICE

No. of days 572 less 16 ineligible days equal to 556 days @ 25¢ per day

139.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay \$1.85
Subsistence or Lodging \$1.45
and Provision Allowance
Additional Pay \$Dependents' Allowance 1/30 of \$ 63.12 \$ 2.10
Total 5.40 x 7 = \$ 37.80No. of days 572
183 x \$ 37.80

118.15

D. WAR SERVICE GRATUITY

497.15

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

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

497.15

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ of \$ = \$ 497.15
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	W	6	SC
2	W	7	
3	W	8	
4	W	9	
5	W	10	

ACCOUNTS OF MEN DISCHARGED

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

Name CROFT, Moyle H. Rating A.M.
Official No. A-4598 H.M.C.S. ATHABASKAN List 5/2-29
Who Discharged missing in action on the A.M. 29th April 19 44

Net sum due on ledger on account of Wages.....	\$	cts.	56	56
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.....	-	-	-	-
Cash debited in the Accountant Officer's Cash Acct.....	-	-	-	-
If in debt in ledger, amount to be stated (in red ink).....	-	-	-	-
Rate of allotment (in words) <u>See Reverse Side</u> charged to <u>30 Apl. '44.</u>				
Name of ship from which transferred <u>H.M.C.S. ATHABASKAN</u>				
Total†.....	Creditor		56	56

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of H.M.C.S. Niobe Div. III amounting to a net balance†.....
of Fifty-six dollars Fifty-six cents.

Dated on board H.M.C.S. Niobe Pay Div. III at Greenock
Scotland this Seventh day of June 19 44

Approved [Signature] Accountant Officer
Pay Lieut. R.C.N.V.R.

[Signature] Commanding Officer.
COMMANDER, R.C.N.V.R., C.N.A.A. (P)

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

Signature.....

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

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

C.N.S. 46

10M-3-43 (8719)
H.Q. N.S. 815-9-45

© Credit Balance of 56.56 taken on charge in H.M.C.S. Niobe Sub.
Cash Account for June, 1944. Receipt Voucher P.R. No. 41

ACCOUNT OF SALE OF THE EFFECTS

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

[illegible]

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

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

.....Signature

.....Rank

..... Signature

..... Rank

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

ACCOUNTS OF MEN DISCHARGED

43

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

Name CROFT, Hoyle T. Rating A.B.
Official No. A-4598 H.M.C.S. ATHABASKAN List 5/2-29
Who *Discharged missing in action on the A.M. 29th April 19 44

Net sum due on ledger on account of Wages.....	\$	cts.
Proceeds of sale of Effects charged against Wages, brought from the other side	-	-
CASH—		
Proceeds of sale of Effects, brought from the other side.....	\$	cts.
Found amongst Effects.....	-	-
Debts collected \$.....	-	-
Cash deposited by official Receipt No.....	-	-
Cash debited in the Accountant Officer's Cash Acct.....	-	-
If in debt in ledger, amount to be stated (in red ink).....	-	-
Rate of allotment (in words) <u>See Reverse Side</u> charged to <u>30 Apr. '44</u>		
Name of ship from which transferred <u>H.M.C.S. ATHABASKAN</u>		
Total† <u>Creditor</u>	56	56

We hereby certify that we have every reason to believe that the above account contains a
true statement of all wages, Effects, and other Credits or Debts on the Ledger of H.M.C.S.
Niobe Div. III amounting to a net balance† Creditor
of Fifty-six dollars Fifty-six cents.

Dated on board H.M.C.S. Niobe Pay Div. III at H-scrook
Scotland this Seventh day of June 19 44

Approved Pay Lieut. R.C.N.V.R. Accountant Officer
Commanding Officer. { Initials of the Assistant Accountant Officer
COMANDER, R.C.N.V.R., C.N.A.A. (P)

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

Signature.....

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

*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".
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{ Lieutenant or Officer who
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The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*

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

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