V65055
MCGIBBON
JOHN DONAL

OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full: MCGIBBON, John Donald (b) Reg'l. No. V65055
2. (a) Arm of service: Navy (b) Unit: R.C.N.V.R. (c) Rank: Ord.Smn.
3. (a) Date of birth: 14th Mch/25 (b) Have you any dependents? No (c) Place of residence at time of enlistment: Cagetown,N.B.
4. (a) Place of enlistment: Saint John,N.B. (b) Date of enlistment: 28th June,1943

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 16 yrs (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.): Grade IX
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: Veneer Plant Address: Saint John,N.B.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Lumber mill.
20. (a) Your specific occupation: Labourer. (b) Number of years' experience at this occupation with any employer: 2 months.
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? No.

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? None
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience? None.

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: None.

DATE 28th June,1943 194..... SIGNATURE David M. Gibbon

Copy To
VWD
ES

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	John Donald McGibbon
9	Date of his birth.	14 March 1928.
10	Place and date of his marriage.	nil
11	Place and date of his parents' marriage.	St John N.B. 1927 June

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Gagetown New Brunswick
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) New Brunswick (b) 16 years (c) (d)
14	Nature of employment before enlistment.	School. High Gagetown
15	State whether he owned the premises in which he lived, and, if so, where situated.	nil
16	Name place where deceased stated he intended to make his permanent home.	nil

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	nil
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?	nil
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?	nil
20	Amount of War Savings Certificates held by deceased. Indicate where located.	1. Certificate
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	nil
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	nil
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	nil

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.	nil
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.	nil

(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.

.....George McGibbon..... {Signature of Informant}

.....Gagetown New Brunswick..... Address

CERTIFICATE

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

See above. McGibbon {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 Gagetown N.B. this 6th day of October 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Herbert J. Hoyt Qualification Rector parish of Gagetown

Address Gagetown, Queens Co. N.B.

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

you will notice age of the deceased on other side is correct."

Mr. George Arnold McGibbon,
Gagetown, Queens' County,
New Brunswick.

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. V-65055 FD. 546

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 12 1944

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

MCGIBBON John Donald Ordinary Seaman,

Official Number V-65055 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.

ESTATES BRANCH OCT 10 1944 H.Q. OTTAWA NATIONAL DEFENCE

H. V. Wade.
Commander R.C.N.V.R.
for Director of Estates.

GC/

M.F.W. 77
6-44 (4878)
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 e[illegible] 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.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		George Arnold Mc Gibbon	yrs 41	Gagetown New Brunswick
4	Mother of the Deceased.....		Bessie Emma Mc Gibbon	37	Gagetown New Brunswick
5	Brothers of the Deceased	Full Blood	James Alexander Mc Gibbon	3.	Gagetown N. B.
			Harry Frank Mc Gibbon	1	Gagetown N. B.
		Half Blood	Nil		
6	Sisters of the Deceased	Full Blood	Jean Elizebeth Mc Gibbon	12 yrs	Gagetown N.B.
			Margaret Emma Mc Gibbon	8 yrs	Gagetown N B
			Nora Louise Mc Gibbon	5 "	Gagetown N.B.
		Half Blood	Nil		
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
	full Blood Sister		Joyce Irene Ester Mc Gibbon died October 14th 1941		Gagetown N B

Unemployment Insurance
Office Veneer Plant
Saint John N.B

N. V. 5
50M—8-42 (5715)
N.S. 815-11-5

113-M-7912

CANADA

ATTESTATION FORM

(HOSTILITIES FORM)

W M 129776

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Mc GIBBON OFFICIAL No. V65055

CHRISTIAN NAMES JOHN DONALD MARRIED, SINGLE OR WIDOWER SINGLE.

PERMANENT ADDRESS	RELIGION
GAGETOWN. QUEENS.CO. N.B.	CHORCH OF ENGLAND.

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
14 MARCH 1925	Town GAGETOWN.	FATHER. GEORGE ARNOLD Mc GIBBON.
*Original Nationality of: Father SCOTCH Mother IRISH.	County QUEENS. Province N.B.	GAGETOWN. QUEENS CO. N.B.

*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 5	Inflated 36	BROWN.	BLUE	MED.	NONE.
Inches 7 3/4	Deflated 34				
	Mean 35				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
GRADE VIII & PART OF IX.	LABOR. VENEER PLANT. SAINT JOHN. N.B.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
28 JUNE 1943.	O/SMN.	H.M.C.S. "BRUNSWICKER"

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

(1) That I am a British Subject domiciled in Canada.

(2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.

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

* (b) ~~I served in ..... for the period shown, and attach my~~ record of service, in corroboration of this statement.

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

Personnel Records Division.
1. Noted in Records M.E.P.
2. Index Card
3. Non-Sub. Card
4. Statistical Card
5. Roneo Strip
6. Pension Card
8.
DATE 13-7-43

(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.

(5) On being enrolled as a member of the Royal Canadian Naval Volunteer Reserve, I undertake and 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 when called and 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 naval establishment 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, until called into active service, 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.

(e) I have not been induced to enter as O/S M.N. by the prospect of being transferred at some future date to any other branch or rating.

Dated this 28th day of JUNE 1943

Signature of applicant Donald McGibbon

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this 28th day of JUNE 1943

My authority for attestation is RD 7-3-1 RD 5-3-2 2 JUNE 1943.

Thos L. Peckitt Lt. R.C.N.V.R.

Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, John Donald McGibbon 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 Donald McGibbon

Witness Thos. L. Peckitt

Date 28 June 1943 Rank Lieut. R.C.N.V.R. (Temp)

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

NOTE.—Attestation Form in duplicate, Certificate of Medical Examination (B-207) in duplicate, Occupational History Form in triplicate and certificates of previous service are to be forwarded to Naval Service Headquarters **immediately** after attestation.

Certificates of previous service will be returned after examination.

Can. B. 207
150M—9-42 (6269)
N.S. 815-2-207

4

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 Secretary of the Naval Board, Department of National Defence, Ottawa.

I, the undersigned, have examined McGIBBON, John Donald.

‡candidate for entry as Ord. Sea. RCNVR. (Temp).

and I believe him to be *{in all respects fit for His Majesty's Service / ~~unfit for His Majesty's Service for the reason stated below~~} He has signed the Certificate given below in my presence.

‡Strike out if inapplicable. *Delete one.

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

(a) Age	Yrs. 18 Mos. 3	(j) Date of last Vaccination	Childhood.
(b) Height with bare feet	Feet 5 In. 7 3/4	(k) General Development	Fair
(c) Weight without clothes	141	(l) Nose, Throat and Tonsils	Tonsils large but healthy
(d) Ears and Hearing	Rt. Normal Lt. Normal	(m) Heart and Lungs	Normal B.P. 122-86
(e) Chest Girth	Max. 36 Min. 34 Mean 35	(n) Abdomen Hernia, etc.	Normal
(f) Teeth	Deficient 1 Defective 1 Dentures 0	(o) Limbs and Joints	Normal
(g) Vision by Snellens Types	without glasses Rt. 6/4.5 Lt. 6/4.5 Both 6/4.5	(p) Skin	Normal
	with glasses where worn Rt. Lt. Both	(q) Anus Haemorrhoids	Normal
(h) Colour Vision	Ishihara R.C.N. Lantern normal.	(r) Testes Varicocele	Normal
(i) Chest x-ray {not taken / approved / positive / doubtful}	Approved.	(s) Urine	S.G. 1015 Sug. neg Alb. neg.

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.

X Donald McGibbon
Signature of Candidate

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

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 Saint John, N.B. the 28th. of June 19 43.

Paul Lerosque
Examining Medical Officer

(Rank) Surg. Lieut. RCNVR.

5

DECEASED 7 May 1944

NAVY

D.D.

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

WAR SERVICE RECORDS

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
MCGIBBON	John Donald	V-65055	O.S,		

WAR SERVICE BADGE (CLASS) No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	
C.V.S.M. & Clasp	8556
War Medal	
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

RCNVR
HMCS "VALLEYFIELD" Mar. /45.

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR
DATE DESP
REGN. NO 524

(1) **MEDALS**
PERSON
ENTITLED TO Mr. George A. McGibbon - Father

ADDRESS: Gagetown,
Queens' County, N.B.

(1)

(2) **MEMORIAL CROSS**
WIDOW

ADDRESS:

(2)

(3) **MEMORIAL CROSS**
MOTHER Mrs. G. A. McGibbon

ADDRESS: GAGETOWN,
Queens Co., N.B.

(3) 9 November 1944

V65055 OFFICIAL NUMBER | FILE NUMBER 113 - M - 7912 | OFFICIAL NUMBER V65055.

NAME McGibbon (Surname) John Donald (Given Names) DATE OF BIRTH 14th March, 1925.

PLACE OF BIRTH Gagetown, N.B. OCCUPATION Labourer.

RELIGION Church of England EDUCATION Grade V111 & Part of 1X.

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Town Gagetown, Queens Co. Province, etc N.B.

Engagements				Description					Previous Service			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
28	6	43	H.O.	5' 7¾"	Brown	Blue	Medium	None				

NEXT OF KIN RELATIONSHIP (in pencil) Father NAME (in pencil) George Arnold McGibbon

ADDRESS (in pencil): Street and No. Town Gagetown Queens Co. Province, etc. N.B.

CNS-337 - 11-43

Medals, Clasps, Hurt Certificates, Prize Money			
Date (in figures)			Particulars
Day	Month	Year	

Examinations, Certificates, etc.				Date (in figures)			Particulars
Date (in figures)			Particulars	Day	Month	Year	
Day	Month	Year					
27	9	43	Qual.Anti-Gas 1 day 249A 7651				
5	11	43	Marked TR 249A A17524				

Badges, G.C. or G.S.				
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored
Day	Month	Year		

Brief Particulars of Warrant or C.M. Punishments and C.P. Charges						
Ship or Establishment	Wt. No.	Date (in figures)			Brief Particulars of Offence	Punishment
		Day	Month	Year		

Date (in figures)			Days Forfeited					
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.

O.H.F. RECEIVED.

FILM NO. WSR 5931-8
DATE

Second Class For Conduct	
From	To

W.S.G. APPLICATION 11340 RECEIVED

7/6/45

H.Q. 35—35M—2-43 (8309)
N.S. 815—7-35

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37

V65055 OFFICIAL NUMBER

NAME McGIBBON (Surname) John Donald (Given Names)

P/B OFFICIAL NUMBER V65055.

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year	Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Re-Qualified Month	Re-Qualified Year
HMCS "BRUNSWICKER"	ORD. SMN.	28	6	43	Div. Str. St. John.	V.G.	Sat.	31	12	43						
" "	"	5	7	43	Act.Serv.D.L.#96 5-7-43	V.G.	Sat.	7	5	44						
Cornwallis	"	25	8	43	D.L.25-8-43 (Beaver 23/10/43)											
Stadacona	"	6	11	43	DRD #3122											
HMCS "Hochelaga 11"	"	27	11	43	DRD # H-3345											
Valleyfield		8	12	43	Service Certificate.											
DISCHARGED		7	5	44	"Missing" Casualty List											
					Presumed dead (Casualty List Page-101.											

GENERAL REMARKS

Can. Memorial Cross received by mother, to date 9-11-44

DATE OF BIRTH DY.	MO.	YR.	PLACE OF BIRTH	CIVIL OCCU. MAIN	SUB	RELIGION	ED	PERM. RESIDENCE P.	CTY.	TOWN	PREV. SERV.	ENL. DIV.	RANK OR RATE ON ENLISTMENT A	BR.	RANK
14	3	25	15	900	0	30	2	5	09	00	0	02	0	08	95

ENLIST. DATE DY.	MO.	YR.	ACT. SERV. DATE DY.	MO.	YR.	STR. CAT.		ACT. SERV. DATE DY.	MO.	YR.	SHIP OR ESTAB.	RANK OR RATE A	BR.	RANK
28	06	43	05	07	43						9640	0	08	95

SENIORITY DY.	MO.	YR.	STR. CAT.	NON-SUB A	B	M ST.		CODED	CHECKED
05	07	43	X3	00	00	21			

09 02-05-44

VERIFICAT
CAMPAIGN STARS, DEFENCE MEDAL, W
NAVAL GENERAL SERVIC

NAME IN FULL McGIBBON JOHN DONALD RANK/RATING Ord.

SHIP	SERVICE			AREA		
	FROM	TO	DAYS		FROM	T
	5.7.43					
Valleyfield	8.12.43	7.5.44	152	Atl		
Dis dead to date (Valleyfied)				7.5.44		

VERIFIED BY K. Maclaren

VERIFIED BY

VERIFICATION FORM

S, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.

NAVAL GENERAL SERVICE MEDAL (1915).

RANK/RATING Ord./Seaman OFF.NO. V-65055 ADDRESS .....

AREA	QUALIFYING PERIODS IN DAYS							STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL			
								1939-45	/	Star
								ATLANTIC		
Atl										
								FRANCE G.		
								AFRICA		
								PACIFIC		
								BURMA		
								ITALY		
								DEFENCE		
.44								C.V.S.M.	2	✓ clasp
								" CLASP		
								WAR 1945	/	medal
								WAR 1915		

VERIFIED BY ..... KM. Ew

IFIED BY ..... DIR. OF PERSONNEL RECORDS

S. 98B
100M—7-42 (5438)
N.S. 815-9-98B

KIT LIST—MEN DRESSED AS SEAMEN

(REDUCED KIT FOR DURATION OF HOSTILITIES)

J. D. McGIBBON — Name
ORD. SMN. — Rating
V 65055 — Official No.

* State where issue made.

Name

Scale Allowed R.C.N.	Scale Allowed R.C.N.V.R.	Article	Forms S.1048 on which issues were made							
		No.								
		Date	6-7-42							
		* Place	SAINT JOHN							
		Bags, Kit	1							
		Bags, Soap	1							
		Belts, Life	1							
		Belts, Waist	1							
		Boots, half	1							
		Brushes, Hard	1							
		" Polishing								
		" Clothes	1							
		" Hair	1							
		" Tooth	1							
		Caps, blue cloth	2							
		Caps, white duck	1							
		Cases, attache	1							
		Combs, horn	1							
		Collars, blue jean	3							
		Coats, oilskin	1							
		Drawers	2							
		Jerseys, naval	1							
		Jerseys, sport	2							
		(b) Knives, with spike	1							
		Lanyards, knife	2							
		Overcoats	1							
		Ribbons, Cap	2							
		Scarves, black silk	2							
		Shoes, black leather								
		Shoes, gymnastic	1							
		Shorts, recreational, drill	2							
		Shorts, tropical								
		Singlets, tropical								
		Socks, pairs	2							
		Stockings, pairs	2							
		(a) Suits, blue overall	1							
		Towels	2							
		Type								
		Vests, flannel	3							
		Vests, cotton uniform								
		Vests, Singlets for wear under Vests, cotton uniform								
		Jumpers, serge	2							
		Jumpers, duck working								
		Trousers, serge	2							
		Trousers, duck								
		Beds								
		Blankets								
		Bed Covers								
		Hammocks								
		Clews and Lanyards, sets								
		Lashing								
		(b) Manual of Seamanship	1							

Winter Issue

Description	Year Issued 19 43	19	19	19
Caps, Winter				
Comforters				
Drawers, Woollen				
Helmets, Balaclava				
Jerseys, Naval				
Mitts, leather				
Rubbers	1			
Socks				
Stockings				

Gift Clothing received from Organization

Description	Year Issued 19	19	19	19
Comforters				
Helmets, Balaclava				
Gloves or Mitts				
Socks				
Stockings				
Sweaters				
Wristlets				
Windbreakers				

(a) Note: Stokers issued with 2 Blue Jean Suits. (b) For Seamen's Branch only.

M

C.N.S. 264 (S. 264)
75M—5-42 (4758)
N.S. 815-9-264

HD2

Name McGIBBON, John Donald

Sub-Rating and Seniority O/Smn 5-7-43 Non-Sub

O.N. V- 65055 S.B. No. W.B. No.

Joined Ship 25 Aug '43 from HMCS Brunswicker

Engagement: Period Duration Hostilities Expires

Date of Birth 14 Mch 1925 Religion C of E

Character V.G Efficiency SAT. Date 5/11/43

Badges None Class for Conduct 1st Class for Leave 1st

Date due for: Next Badge

Progressive Pay 6 mos. 5-1-44

L.S. & G.C. Recommended

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

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

Any Non-Service Attainments NONE

Swimming Qualification CAN SWIM

Athletic capabilities HOCKEY

General Remarks (including intelligence, energy, initiative, powers of command). Grade 9 Cable School
Returned to duty during
of fair ability but lacks initiative
Requires steady supervision.

"M" Test -- 139 1.44 2.44 3.51

H.M.C.S. "BRUNSWICKER"

R. Dalton
Officer of Division.
LIEUTENANT. R.C.N.V.R.

Date AUG 25 1943

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

P.T.O.

An average rating of fair intelligence - worked hard - Keen neat appearance - Good power of Command

H.M.C.S. Cornwallis ..... George C Gould
Date Oct - 21 - 43 Sub Lt. U.R. Officer of Division.

H.M.C.S. .....
Date ..... Officer of Division.

H.M.C.S. .....
Date ..... Officer of Division.

H.M.C.S. .....
Date ..... Officer of Division.

H.M.C.S. .....
Date ..... Officer of Division.

PROGRESS UNDER TRAINING FOR ABLE SEAMAN

Educational Examinations	Date	Ship	Signature and Rank of Divisional Officer
Passed Educationally: Accelerated Advancement			
Passed Educationally: For Able Seaman			
Passed Educationally: Educational Test I			
Rated Ordinary Seaman			

SEAMANSHIP

Subject	Boat Work	Anchors and Cables	Compass and Wheel Rule of the Road	Rigging Sheers and Derricks	Lookout ~~Sounding Machine, Lead and Line~~	Bends and Hitches, Blocks and Tackles	Part of Ship Evolutions	Signals	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
Hours											George C Gould
%	75	75	75	75	75	80		78	75.5	22/10/43	Sub Lieut V.R.
%											Cornwallis

GUNNERY

Subject	Field Training	Gun Drill	Stripping	Fire Control	Ammunition	Director and Sighting	Machine Gun	A.A.	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
Hours											George C Gould
%	65	50		82	78				68%	Sept 20 43	S/Lieut V.R.
%											Cornwallis

TORPEDO

Subject	Whitehead	Low Power	High Power	Instruments	Explosives	Paravanes	Depth charges		TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
Hours											George C Gould
%									64%	Oct 1-43	S/Lieut V.R.
%											Cornwallis

* In the event of failure to pass any examination, the percentage is to be noted in RED. and the word "FAILED" noted.

† The letters Q.R. III, L.R. III, C.R. III, A.A. 3, S.T., S.D., etc., are to be entered by the Divisional Officer in the case of men so recommended. If not recommended, the word "NO" is to be entered.

Ship	Total Period of Practical Experience as Ord. Seaman in part of Ship	Recommended for Advancement to Able Seaman on (Date)

Divisional Officer's Remarks	Recommendation for non-sub. rate†
Trained Nov 5-43	No

Ordinary Seaman

Qualified for advancement to Able Seaman

on.....Date.

.....Commodore

.....Depot .....Date.

Rated Able Seaman and Recommendations inserted on History Sheet

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

.....Date

.....Captain.

C.N.S. 536d. Revised—Nov., 1936.
20M—10-41 (2221)
N.S. 815-9-536D.

CERTIFICATE OF PROGRESS OF ORDINARY SEAMEN

(To be used in conjunction with Form S. 399 Divisional Training Progress Book.)

NAME	OFFICIAL No.	Date of Birth
McGIBBON, John Donald	V- 65055	14'Mch 1925

ON LEAVING HARBOUR TRAINING SERVICE

Subject	Ability	REMARKS (percentages obtained, etc.)	Initials of Instructing Officer
*School	Fair.		JEM
Seamanship— Boat work: (a) Pulling	Fair.		
(b) Sailing	Fair		
Gunnery and Disciplinary Training	Fair		
Shooting			
Swimming—P. P. T.	Average.	Date qualified	
Physical and Recreational Training	Participated in Aquatics P.R.T.		
Special qualifications			
Call Boy			
Bugler (Sea Service)			
Special Remarks e.g., C. W. Candidate			

On joining:— Weight 141 Height 5' 7¾" Date 28'June 1943

On leaving:— Weight Height Date

* State in remarks column whether Normal, Advanced Class or V/S or W/T.

H.M.C.S. "BRUNSWICKER". Date AUG 25 1943 [signature] Captain.
A/LIEUT. CDR. R.C.N.V.R.

N.V. 17
60M—9-42 (5943)
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

John Donald McGIBBON

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number V. 65055
	HMCS "Brunswicker"	"
		"

O.H.F.

Date of Birth 14 March, 1925

Place of Birth Gagetown, N.B.

Place of Residence Gagetown, Queens Co. N.B.

Trade brought up to Labourers

Religion Church of England

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

Father

Same address

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 Award	Date of Presentation	Nature of Decoration
	28 June '43	Duration of Hostilities	Ord Smn			

PERSONAL DESCRIPTION

—	Height Feet	Height Inches	Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
On Entry	5	7 3/4	35	141	Brown	Blue	Med	None
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

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

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
	Divisional Strength					
	Brunswicker		Ord Smn	28 June '43	4 July '43	
	On Active Service			5 July '43		
	Brunswicker		Ord Smn	5 July '43	24 Aug '43	
	Cornwallis		—"—	25 Aug '43	22 Oct '43	
	—"— (Beaver)		—"—	23 Oct '43	29 Oct '43	U/D
	Cornwallis		—"—	30 Oct '43	5 Nov '43	
	Stadacona		—"—	6 Nov '43	26 Nov '43	
	Hochelaga		—"—	27 Nov '43	7 Dec '43	
	Stadacona (Valleyfield)		—"—	8 Dec '43	29 Feb '44	A 139113
	Avalon (Valleyfield)		—"—	OVER LEAVE 1 March '44	7 May 44	"D.D."

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

Date	Details	Captain's Signature

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE

EXAMINATIONS, NOTATIONS, QUALIFICATIONS			RECORD OF RATING		
Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
28 June '43	I.C. # 32992	[illegible]			
27 Sep. '43	Dual S/G (1 day)	J. Gottschu			
5 Nov. '43	"TR"	[illegible]			
8 Nov. '43	Night Vision "Good"	[illegible]			

Name John Donald McGIBBON 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 (Ord Sea)	31 Dec '43	[illegible]
		V.G.	Sat. (O/Smn)	7 May 44	[illegible]

R.C.N.V.R.
GOOD CONDUCT AND GOOD SERVICE BADGES

Date	G.S.B. or G.C.B.	1st, 2nd, 3rd	Granted, Deprived, Restored

TIME FORFEITED

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

IG

DEPARTMENT OF NATIONAL DEFENCE

NAVY — ARMY — AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: John Donald (CHRISTIAN NAMES) McGIBBON (SURNAME)

REGISTER NO. 11340

FILE NO. NS.V-65055

PAYEE: Director of Estates, 308 Sparks St., Ottawa, Ont.

ADDRESS: For Service Estate of John D. McGibbon, NS.V-65055

DATE: 11th Sep'45

SERVICE NO. V-65055

FINAL RANK OR RATING: Ord. Smn.

DATE OF TERMINATION OF OVERSEAS SERVICE: 7th May '44.

DATE OF DISCHARGE: 7th May '44.

	$ ¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 308/30 EQUAL TO 10 COMPLETE PERIODS AT $7.50	75.00
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS 159 LESS 8 INELIGIBLE DAYS, EQUAL TO 151 DAYS @ 25c. PER DAY	37.75
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE: PAY $ 1.50; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25; ADDITIONAL PAY H.L.M. $ .10; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $ Nil $; TOTAL $ 2.85 X7 = $ 19.95; NO. OF DAYS 159/183 X$ 19.95	17.33
D. WAR SERVICE GRATUITY	130.08
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ Nil; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	130.08

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $_____ OF $ _____ =$ 130.08

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

Voucher ~~Cheque~~ 2485 - Sept - 21/45

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

PREPARED BY	CHECKED BY
EP	[illegible]

TREASURY	
CHECKED BY	DATE
Geo. McCallum	13/9/45

[illegible]

SERVICE REPRESENTATIVE

for Dir. Naval Pay Acctng.

DHJ/ML

12th July, 1945

NS V-65055
PERS.(N)(P-18)

Dear Sir:

I am directed to inform you that your application for the War Service Gratuity in respect of your late son, John Donald McGIBBON, has been referred to the Dependents' Allowance Board for decision concerning whether you may be classed as dependent as provided under the War Service Grants Act, 1944.

This procedure is required in all cases where records at Headquarters disclose the fact that you were not in receipt of Dependents' Allowance as at the death of your late son.

Immediately upon receipt of a decision from the Dependents' Allowance Board, if eligible, payment will be made in a lump sum directly to you.

On the other hand, should the Board find you cannot be classed as a dependent, the Gratuity or unpaid balance thereof will be transferred to the Administrator of Estates for distribution as part of your son's Service Estate.

In the meantime, would you kindly inform this Department of any change of address.

Yours truly,

SECRETARY, NAVAL BOARD.

G-48279
Cpl. George Arnold McGibbon,
McGiveny Camp,
N.B.

142579

32

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 McGIBBON. John D. *Rating* O.SMN.

Official No. V.65055 *H.M.C.S.* AVALON " VALLEYFIELD" *List* 12²/12

*Who** DISCHARGED DEAD *on the* 7 May *19* 44

	$	cts.
Net sum due on ledger on account of Wages	N I	L
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH— Proceeds of sale of Effects, brought from the other side		
Found amongst Effects		
Debts collected §		
Cash deposited by official Receipt No. 25182 Payable Adm.Naval Estates (Present War:	110	05
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) Nil charged to --		
Name of ship from which transferred HMCS."VALLEYFIELD"		
Total† CREDITOR	110	05

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 AVALON for "VALLEYFIELD" amounting to a net balance† CREDITOR of ONE HUNDRED & TEN - - - dollars - - - FIVE - - - cents.

22

Dated on board H.M.C.S. AVALON at ST. JOHN'S NFLD. this FIFTH day of JUNE 19 44

Approved PAY LIEUT. CDR., R.C.N.V.R. Accountant Officer

{ Initials of the Assistant Accountant Officer

Commanding Officer.

~~A/CAPTAIN RCN.~~

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

5M—2-42 (3601)
H.Q. N.S. 815-9-45

AUTHORITY: AVALON'S CNS 249A #A13927 dated 19 May, 1944.

LEDGER:

AUDIT:

ACCOUNT OF SALE OF THE EFFECTS

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

TO WHOM SOLD						
No. Ship's Book in consecutive order	NAME (If any are not sold, state how they are to be disposed of)	PARTICULARS	Charged in Ledger		Paid for in Cash	
		Total proceeds of sale carried to account on the other side				

.....{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 | .....Signature

.....Rank | .....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.

CANADA

Department of National Defence

Naval Service

124033

AUG 30 1944 194

IN REPLY PLEASE QUOTE

N.S. O.N. V-65055 PERS (N).

ESTATES BRANCH SEP 5 1944 H.Q. OTTAWA NATIONAL DEFENCE

Sir:

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

NAME, RANK/RATING, Official No., UNIT	PARTICULARS RE DEATH	NEXT OF KIN
MCGIBBON John Donald Ordinary Seaman, Official Number V-65055 R.C.N.V.R.	Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.	Father; Mr. George Arnold McGibbon Gagetown, Queens' County, New Brunswick.

ALLOTMENTS IN FORCE

In favor of		Amount	Initials
Nil	Nil	Nil	DMD

JEM 30/8/44

Will: No. Record.

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

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

I.C.R.

PLEASE MAKE OUT PALLE DOCKET AND FORWARD WITH ATTACHED LETTER TO ADMINISTRATOR OF ESTATES.

D 2258 A
1000M—4-42 (4259)
N.S. 815-5-2258

N.C.R.

144361

SEP 20 1944

FILE NOS.:

V-796	V-35412
V-19239	A-1271
V-68471	V-41543
V-54372	V-35526
V-12143	V-46463
V-25531	V-22563
V-4538	V-65055
A-2453	O-44950
A-4681	O-45010
V-31063	V-41461
V-4427	V-15283
V-51452	V-3417
V-19206	V-51108
V-43309	V-27849
V-56590	V-2299
V-10506	V-34242
V-11244	V-44790
V-53512	V-18039
V-61903	V-399
V-49761	A-4506
V-16586	V-64486
V-23508	N-4649
V-39924	V-57455
V-59892	N-4122
A-5954	N-4323
O-22420	V-5995
O-23950	O-62255
V-30201	V-13701
V-22262	O-65010
V-38722	V-48962
V-31768	V-17305
V-55196	V-41902
V-905	V-63143
V-65619	O-70570
V-55803	V-50046
N-4472	V-35344
V-50475	V-5794
V-23128	O-71320
V-65496	V-17781
V-17703	V-14540
O-35660	V-516
V-54304	V-25850
V-3538	V-3386
V-43818	V-688
V-52497	V-50598
V-64138	O-76380
V-25279	V-5911
V-50961	V-37893
V-57850	N-21989
V-51441	V-56565
V-65120	V-599
V-62261	N-21498
V-49646	V-8662
V-35602	V-50658
O-47000	V-51989
V-44690	V-6388
V-67335	
V-54554	

Sir:

With reference to Canadian Naval Casualty Lists, pages 92 to 106 inclusive, it is notified for your information that the approval of the Canadian Naval Authorities has now been given to presume the death of the 11 Officers and 103 ratings, previously reported "missing" from H.M.C.S. "VALLEYFIELD" as having occurred on the 7th of May, 1944.

Your attention is called to the fact that the name Lorne Irwin Clinton Johnson, Ordinary Seaman, V-47125, has been deleted from page 99. (See Correction Sheet Page #34).

Individual forms for these casualties have been previously forwarded.

Yours truly,

H.B. Moneil

for
SECRETARY, NAVAL BOARD.

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

P.A.'S CHECKED IN
C.R. BY

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"

FORM C-3

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.)

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 ..... (Name) Street ..... House No. .....
(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 MCGIBBON (Surname) John Donald (Given name or names)

RESIDENCE No. ..... Street ..... City, Town, Village or Civil Parish: Gagetown, Queens Co. Province: New Brunswick
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

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

8. BIRTHPLACE: New Brunswick (Province or Country)

9. DATE OF BIRTH: March (Month) 14th (Day) 1925 (Year)

10. AGE in

Years	Months	Days	If less than one day old
19	2		..... hrs. or ..... min.

OCCUPATION

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

12. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc. Veneer Plant St. John.

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 .....

FATHER

16. NAME .....

17. BIRTHPLACE ..... (Province or Country)

MOTHER

18. MAIDEN NAME .....

19. BIRTHPLACE ..... (Province or Country)

20. Name of informant: N.B. McG.
Address: Naval Service Headquarters, Ottawa, Ont.
Relationship to deceased: Officer i/c, Naval 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: May (Month) 7th (Day) 19 44 (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 Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc. (a) Missing, presumed dead when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.

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? ..... (State which) Date of injury ..... 19 .....
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)

LP

N.P.R/5-1 FORM A. File: N.S.V-65055 Pers.N

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

13 May, 1944
(Date)

Sir:

16

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
McGIBBON, John Donald	Ordinary Seaman	V-65055, R.C.N.V.R.

DATE OF ENLISTMENT - 28 June, 1943 Active Service: 5 July, 1943

DATE OF DISCHARGE - Will be reported later

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

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

Reason for discharge and when and where any disability was incurred, or where death occurred. "Missing" at sea when the ship in which he was serving was lost by enemy action. While this casualty is listed as missing, it is impossible to make an estimate as to his chances of survival. Should no information 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. George Arnold McGibbon,

ADDRESS - Gagetown, Queens Co., 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

..... N.P.R/5

H.B. Money
for
SECRETARY, NAVAL BOARD.

BF. 12/8/44 NPR/5 6

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)