

I. B. to be brought in

113-W-2700



CANADA

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

P277072

3

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME WALKER, OFFICIAL NO. 150598.
CHRISTIAN NAMES Robert Thomas MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS		RELIGION
24 Norval St. Toronto, Ontario.		C. of E.
DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
27th Dec. 1916	Town Toronto	Mother. Mary Elizabeth Walker, 24 Norval St., Toronto, Ontario.
*Original Nationality of:		
Father <u>English</u>	County <u>York</u>	
Mother <u>English</u>	Province <u>Ontario.</u>	

*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 <u>5'</u>	Inflated <u>38"</u>	<u>Brown</u>	<u>Blue</u>	<u>Medium</u>	<u>Scar on whin Scar above left eye</u>
Inches <u>6"</u>	Deflated <u>35"</u>				
Wt <u>7 137 1/2#</u>	Mean <u>36 1/2"</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>2 yrs high school</u>	<u>Machine Operators Rogers Radio 622 Fleet St., Toronto, Ontario.</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
<u>Divisional Strength 17th Nov. 1942</u>	<u>Ordinary Seaman R.C.N.V.R. (temp)</u>	<u>H. M. C. S. "YORK"</u>

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That * (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

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

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
-----	-----	-----	-----

(c) I have never been rejected 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.

Personnel Records Division.	
1. Noted in Records	<u>ms</u>
2. Index Card	<u>ms</u>
3. Non-Sub. Card	
4. Statistical Card	<u>ms</u>
5. Photo Strip	
6. Pension Card	
7.	
8.	
DATE	<u>30/11/42</u>

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

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

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

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

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

Dated this.....17th.....day of.....November, 1942.....

Signature of applicant.....*Robert Walker*.....

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this.....17th.....day of.....November, 1942.....

A. J. Armstrong
Signature of and rank of Attesting Officer.
Sub-Lieutenant R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, *Robert Thomas Walker*.....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.....*Robert Walker*.....

Witness.....*A. J. Armstrong*.....

Date.....17th November, 1942.....
Sub-Lieutenant R.C.N.V.R.
Rank.....*Lieutenant R.C.N.V.R.*.....

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

(E) CERTIFICATE OF ATTESTING OFFICER

.....*Robert Thomas Walker*.....having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the.....Toronto.....Division of the R.C.N.V.R. or in the appropriate official documents.

A. J. Armstrong
.....*Sub-Lieutenant R.C.N.V.R.*.....Attesting Officer.
R.C.N.V.R. Division
.....17th November.....1942.....(or other establishment).....H.M.C.S. "YORK".....

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.

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

Robert Walker
Signature

CERTIFICATE of the SERVICE of

Robert Thomas WALKER

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V.50598</i>
	<i>2 m 6 S York</i>	"

Date of Birth <i>27 December 1916</i>	Name and Address of Nearest Relative or Friend <small>(In pencil)</small>
Place of Birth <i>Toronto Ontario</i>	
Place of Residence <i>24 Morval St Toronto Ont</i>	
Trade brought up to <i>Machine Operator</i>	
Religion <i>Church of England</i>	
Can Swim:—P.P.T. Date.....19..... Signature..... Rank.....	
P.S.T. Date.....19..... Signature..... Rank.....	

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>17 Mar '42</i>	<i>Duration of Hostilities</i>	<i>Ord. Smn</i>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>6</i>	<i>36 1/2</i>	<i>137 1/2</i>	<i>Brown</i>	<i>Blue</i>	<i>Med</i>	<i>Scar on chin</i>
On re-enrolment—6 years' Service.....								<i>Scar above left</i>
On re-enrolment—12 years' Service.....								<i>eye</i>
Further Description if necessary.....								

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

V50598

OFFICIAL NUMBER

FILE NUMBER

113-W-2700

OFFICIAL NUMBER

V50598

NAME WALKER (Surname) Robert Thomas (Given Names) DATE OF BIRTH 27 Dec. 1916.PLACE OF BIRTH Toronto, Ontario. OCCUPATION Machine OperatorRELIGION Church of England EDUCATION 2 Years High School.RESIDENCE AT TIME OF ENLISTMENT: Street and No. 24 Norval St. Town Toronto Province, etc. Ontario.

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
17	11	42	H.O.	5'6"	Brown	Blue	Medium	Scar on chin. Scar above left eye.				

NEXT OF KIN RELATIONSHIP (in pencil) Mrs. Mary Elizabeth Walker NAME (in pencil) Mrs. Mary Elizabeth WalkerADDRESS (in pencil): Street and No. 24 Norval St. Town Toronto Province, etc. Ontario

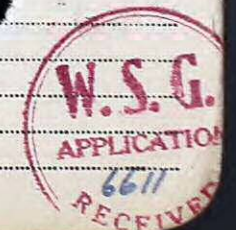
MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.									
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS		
Day	Month	Year		Day	Month	Year		Day	Month	Year			
			Eligible for award of CVSM & Clasp 249A#A13913.	24	9	43	Marked "TR".(21-2-1)						
				25	10	43	Qual. anti-gas I day.						

BADGES, G.C. OR G.S.				BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES									
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT		
Day	Month	Year					Day	Month	Year				

FILM
NO. WAR 5766-7
DATE

Date (in figures)			DAYS FORFEITED						O.H.F. Received.	
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	Last Will and Testament Received. Dated 17-11-42	

SECOND CLASS FOR CONDUCT
From To



V50598

OFFICIAL NUMBER

NAME WALKER
(Surname)

Robert Thomas
(Given Names)

OFFICIAL NUMBER V50598

P.L.B.

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS "YORK"	Ord. Smm.	17	11	42	Div. Str. Toronto												
" "	" "	10	2	43	Active Service D.L. 10-2-43												
Hunter	" "	29	3	43	D.L. 29-3-43												
York	" "	10	4	43	D.L. 10-4-43												
Cornwallis	" "	13	7	43	D.L. 13-7-43												
Avalon	" "	26	10	43	Via Stad(DRD H/3000)	V.G.	SAT.	31	12	43.							
Valleyfield	" "	17	4	44	DRD S/3316 p-2.												
DISCHARGED:	" "	7	5	44	"Missing". Casualty List.	V.G.	Sat.	7	5	44							
	A.B.	10	2	44	Rated. Casuaty List.Corr.Sh.#40. Presumed Dead (Corr Sh.105)												

GENERAL REMARKS

Canadian Memorial Cross issued to Mother: Mrs. Mary E. Walker, 24 Norval Street, Toronto, Ontario. to date the 13th. October, 1944.

DATE OF BIRTH			PLACE		CIVIL OCCU.		RELI-ED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P.	CTY.	TOWN	SERV.	DIV.	A	BR.	RANK
21	R	16	11	399	X	30	3	1	56	14	0	23	0	08 95
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP CR	RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR.	RANK	
17	11	42	10	02	43					9510	0	08	95	
SENIORITY			STR.	NON-SUB		M	CODED			CHECKED				
DY.	MO.	YR.	CAT.	A	B	ST.								
10	02	43	10	50	07	21	09-05-43							

VERIFICATION

CAMPAIGN STARS, DEFENCE MEDAL, WAR NAVAL GENERAL SERVICE

NAME IN FULL *W.A.H.K.F.B. Robert Thomas* RANK/RATING .. *A.P.2.*

SHIP	SERVICE			AREA	FROM	TO
	FROM	TO	DAYS			
	10-2-43					
<i>Valleyfield</i>	17-1-44	7-5-44	21			
		<i>Des.</i>				
			7-5-44	<u>Dead</u>		

VERIFIED BY *Small*

VERIFIED BY

VERIFICATION FORM

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

hones RANK/RATING .. *AB* OFF. NO. *✓ 50598* 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	/	<i>Star</i>
								ATLANTIC		
								FRANCE G.		
<i>Dead</i>								AFRICA		
								PACIFIC		
								BURMA		
								ITALY		
								DEFENCE		
								C.V.S.M.		<i>✓ Clasp</i>
								" CLASP		
								WAR 1945	/	<i>medal</i>
								WAR 1915		

bs
 VERIFIED BY

VERIFIED BY DIR. OF PERSONNEL RECORDS.

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

"VALLEYFIELD"

SEA

32

H.M.C.S. at

Name..... Robert Thomas WALKER

Rank or Rating..... Able Seaman (Christian names in full) V. 50578 RCNVR

Place of Birth..... Toronto, Ontario, (if unknown, date of first entry)

Occupation in Civil Life..... Machine Operator Religion..... Church of England.

Number of years in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings)..... 1 yr, 3 mos. 7th May, 1944.

Date of Death..... 7th May, 1944. Place of Death..... At Sea.

Cause of Death..... Enemy Action. Torpedoing of H.M.C.S. "Valleyfield". (If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend Name..... Mrs. Mary WALKER Relationship..... Mother Address..... 24 Norval Street, Toronto, Ontario.

Date on which the above was informed by Ship..... Informed by H.S.S.Q.

Date on which death was registered with local Officials..... Not Registered.

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.....

Place of Burial.. (if known)..... Date of Burial.. (if known).....

Location, Number, etc., of grave..... (if known)

Undertaker employed..... (if any)

If borne for discipline only, date D.S. Q. or invalidated.....

A/Captain, R.C.N. Commanding Officer H.M.C.S. "AVALON" 17th May 1944

The Naval Secretary, Department of National Defence, Ottawa, Canada.

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.

Notice

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

13

Sir:

11 May, 1944.
.....
(Date)

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.
WALKER, Robert Thomas Ordinary Seaman V50598 R.C.N.V.R.

DATE OF ENLISTMENT - 17 November, 1942 Active Service: 10 February, 1943.

DATE OF DISCHARGE - Will be reported later.

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

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

Reason for discharge and - "Missing" at sea when the ship in which he was serv-
when and where any disability was incurred, or where death ing, was lost by enemy action. While this casualty
occurred, 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 noti-
fied 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 Mother NAME Mrs. Mary E. Walker,

ADDRESS - 24 Norval St., TORONTO, Ontario.

NOTE: If records indicate that rating was separated from his wife, legally or otherwise, details to be furnished and copy of any Court Order, the separation Agreement, etc., to be furnished.

Copies Form "B" fwd.
to Allots. (N) on

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

A.B. Money
for
SECRETARY, NAVAL BOARD. *EMC*

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

*138
12/18/44
NPR/5
C*

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)

C. R. P.R./5-2.
P. A.
NAVAL TREASURY
DATE 31/8/44
INITIAL [Signature]

FORM "B"

FILE: N.S. V-50598 PERS. (N)

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

2020

AUG 30 1944

Sir:

(Date)

The following casualty has been reported -

NAME WALKER, Robert Thomas RANK or RATING Able Seaman, NAVAL NO. V-50598 R.C.N.V.R.

DATE OF ENLISTMENT - 17 November, 1942 Active Service: 10 February, 1943.

DATE OF DISCHARGE - 7 May, 1944.

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

SERVICE - CANADA & HIGH SEAS
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and - Missing, presumed dead, when H.M.C.S. "VALLEYFIELD"
when and where any disability was torpedoed and sunk by enemy action in the Atlantic.
was incurred, or where death occurred.

(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 - Mother NAME - Mrs. Mary E. Walker,

ADDRESS - 24 Norval Street, Toronto, Ont.

NOTE: If records indicate that rating was separated from his wife, legally or otherwise, details to be furnished and copy of any Court Order, the Separation Agreement, etc., to be furnished.

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

P.A.'S CHECKED IN
C.R. BY [Signature]

MARY E. WALKER,
24 NORVAL STREET,
TORONTO, ONT.

CHECKED IN
C.R. BY.....

N.S.H.Q.

CNP

THE MINISTER OF NATIONAL DEFENCE FOR NAVAL SERVICES
DEEPLY REGRETS TO REPORT THAT YOUR SON ROBERT THOMAS
WALKER ORDINARY SEAMAN OFFICIAL NO V-50598 IS MISSING
AT SEA. LETTER FOLLOWS.

-/08

(DELIVERY CONFIRMED)

LT PL B/5/44 GP 2453

8th May, 1944.

Dear Mrs. Walker:

I deeply regret that I must confirm the telegram of the 8th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Robert Thomas Walker, Ordinary Seaman, Official Number V-50598, Royal Canadian Naval Volunteer Reserve, is missing at sea.

According to the report received, your son is listed as missing when the ship in which he was serving was lost by enemy action, but it is not known as yet whether any hope can be held out for his survival. You may rest assured, however, that as soon as further information is available, you will be notified.

For reasons of security it may be some time before details of this incident of war may be released.

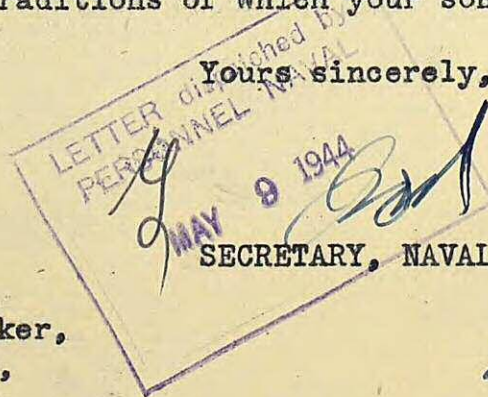
It is requested that you will regard as confidential anything beyond the fact of your son's loss on war service, until such time as an official announcement is made, as this information might prove useful to the enemy.

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

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Mary E. Walker,
24 Norval Street,
TORONTO, Ontario.



100 116

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Aug. 45 "VALLEYFIELD"

REGISTRATION No. DATE OF DESPATCH

1) MEDALS
PERSON

ENTITLED TO Mrs. Elizabeth Walker - Mother

ADDRESS: 24 Norval Street,
Toronto, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Mary E. Walker

ADDRESS: 24 Norval St., Toronto, Ont.

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO.....

2030

(2)

(3)

13-10-44

D OF D 7-5-44

AWARDS NAVY

D.D.

WALKER	Robert Thomas	V-50598	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
<u>WAR SERVICE</u>				
<u>BADGE</u>				
(CLASS)	No.	DATE DESPATCHED:		

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
C.V.S.M. & Clasp	
War Medal	
	7463

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)