

V50598
WALKER

ROBERT

THOMA

DEPARTMENT OF VETERANS AFFAIRS

WAR SERVICE RECORDS

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)

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

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 Operator

RELIGION.....Church of England

EDUCATION..... 2 Years High School.

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

24 Norval St.

.....Town.....Toronto

Province, etc. Ontario

[illegible]

NEXT OF KIN RELATIONSHIP (in pencil)

NAME (in pencil)

ADDRESS (in pencil): Street and No.

Town

.....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.

.....
Last Will and Testament Received, Dated 17-11-42

SECOND CLASS FOR CONDUCT

From

To

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

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	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 OR		RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR.	RANK		
14	11	42	10	02	43					95/10	0	08	95		
SENIORITY			STR.	NON-SUB		M	CODED			CHECKED					
DY.	MO.	YR.	CAT.	A	B	ST.									
10	02	43	10	01	01	21	17-05-43								

Every item of information
should be carefully supplied.
(See reverse side for instructions)

FORM 6

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

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of AT SEA Township of
If in City, Town or Village Street House No.
(Name) (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)
(a) In City, Town or Township where death occurred (b) In Province (c) In Canada (if immigrant)

3. PRINT FULL NAME OF DECEASED WALKER Robert Thomas
(Family name) (Given name or names in usual order)

RESIDENCE No. 24 Street Harval City, Town, Village or Township Toronto Province Ontario.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Nationality (Citizenship) <u>Canadian</u>	6. Racial Origin <u>English</u>	7. Single, Married, Widowed or Divorced (Write the word) <u>Single</u>
-----------------------	--	------------------------------------	---

8. BIRTHPLACE Ontario
(Province or Country)

9. DATE OF BIRTH December 27th, 1916
(Month) (Day) (Year)

10. AGE in { Years 27 Months 4 Days If less than one day old
hrs. or min.

11. Trade, profession or kind of work as Machine Operator
spinner, teamster, office clerk, etc.

12. Kind of industry or business, as cotton-Rogers Radio - 622 Front St.
mill, lumbering, bank, etc.

13. Date deceased last worked 14. Total years spent in
at this occupation this occupation

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

16. NAME
17. BIRTHPLACE
(Province or Country)

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

20. Person giving information H.B. M...
sign here
Address Payar. Cdr., R.C.N.R., Officer i/c Personnel Records,
Naval Service Headquarters, Ottawa, Ont.
Relationship to deceased

21. Place of Burial, Cremation or Removal Body not recovered.
Date of burial or removal

22. Burial Permit was issued by
Address

23. UNDERTAKER
(Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH May 7th, 19 44
(Month) (Day) (Year)

25. 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 complica-
tion 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
due to torpedoed and sunk by enemy
(b) action in the Atlantic.
(c)

II. Other morbid conditions (if important)
contributing to death but not
causally related to immediate cause.
(a)
(b)
(c)

PHYSICIAN

Underline
the cause
to which
death
should be
charged
statistically

26. If a communicable disease
is mentioned on this cer-
tificate, give { (a) Date of appearance 19.....
(b) Duration of disease days

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

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

29. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? Date of injury 19.....
(State which)

Manner of injury
(How sustained)

Nature of injury
Specify whether injury occurred in industry, in home, or in public place

Signed by M.D.
Address Date 19.....

30. Division Registrar's Record No.

31. Filed 19.....
(Division Registrar)

WRITE PLAINLY WITH
UNFADING INK
THIS IS A PERMANENT
RECORD

THIS FORM MUST BE FILED FORTHWITH WITH THE
DIVISION REGISTRAR OF THE DIVISION IN WHICH
THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

.....Mrs. Mary Elizabeth Walker,.....
.....24 Norval Street,.....
.....Toronto, Ont.

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-50598....FD....594.....

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

.....September 11.....1944.....

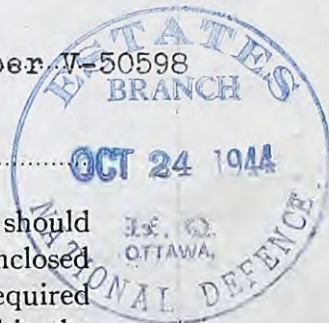
For the purpose of record and in the event of there being any Service estate
available for distribution (according to law) on account of the late

.....WALKER, Robert Thomas, Able Seaman, Official Number V-50598

.....Royal Canadian Naval Volunteer Reserve.....

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.



GC/

H. J. Maden
Commissioner for Oaths
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.....	_____		_____
2	Children of the Deceased and dates of their Births.....	_____		_____
3	Father of the Deceased.....	William H Walker		24 Norval St Toronto
4	Mother of the Deceased.....	Mary E Walker		24 Norval St Toronto
5	Brothers of the Deceased	Full Blood	_____	_____
		Half Blood	_____	_____
6	Sisters of the Deceased	Full Blood Mrs Elsie M. Malcher Mrs Lillian W. Smith Mrs Aileen Partington		40 Castleton Ave Toronto 14 Grosvenor Rd Toronto 24 Norval St Toronto
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Robert Thomas Walker
9	Date of his birth.	27 th December 1916
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	Toronto 3 February 1914

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Toronto
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario (b) York Township (c) (d)
14	Nature of employment before enlistment.	Machine Operator
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.	Toronto

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	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?	no
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?	no
20	Amount of War Savings Certificates held by deceased. Indicate where located.	8 ^{\$4.00} at 24 Norval St. Toronto
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	1 Reg. at 24 Norval St. Toronto
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan Life Insurance Co. Mother. Mr. M. Walker \$78.60
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	—

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	no
<p>(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)</p>		

(PLEASE TURN OVER)

DECLARATION

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

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

* Mother 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.

Mary E. Walker

{ Signature of Informant

24 Norval St Toronto Address

CERTIFICATE

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

*See above.

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

Dated at

Toronto

this

25th September

19

44

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

B. M. Taylor

Qualification

A JUSTICE OF THE PEACE FOR THE PROVINCE OF ONTARIO

Address

City Hall Toronto

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

11P279014 2700

IN THE NAME OF GOD, AMEN

I, ROBERT THOMAS WALKER, Ordinary Seaman R.C.N.V.R. of His Majesty's Ship H.M.C.S. "YORK" (temp) (now a Patient* in),

*If in Hospital or in Hospital Ship.

Insert the degree of relationship (if of any) and place of residence of the Legatee or Legatees.

See instructions on the back hereof.

being sound of mind, do hereby make this my last Will and Testament: I give and bequeath unto my

Mother,
Mary Elizabeth Walker,
24 Norval St.,
Toronto, Ontario.

all such Wages, Prize Money, Allowances, and other Sum or Sums of Money, as now are, or hereafter may be due to me for my service on board the said Ship, or any other Ship or Vessel, of the Royal Navy, together with all other my Estate and Effects whatsoever and wheresoever.

Insert the degree of relationship (if of any) and place of residence of the Executor or Executors.

And I do hereby appoint

Mother,
Mary Elizabeth Walker,
24 Norval St.
Toronto, Ontario.

Executors of this my last Will and Testament; and hereby revoking all former Wills by me made, I declare this to be my last Will and Testament.

In Witness whereof I have at Toronto hereunto set my hand, this seventeenth day of November, in the Year of Our Lord One Thousand Nine Hundred forty-two

Robert Walker

Signed by the said Testator, as his last Will and Testament, in the presence of us present at the same time, who in his presence at his request and in the presence of each other have subscribed our names as Witnesses.

Witnesses { *W. H. Munro* *Sub. Secy*
W. H. Munro

NOTE.—As Wills of Petty Officers, Seamen, and Marines must be executed with the formalities required by the Law of England in the case of other persons, every such Will must be executed in the presence of, and be attested by, two disinterested Witnesses.

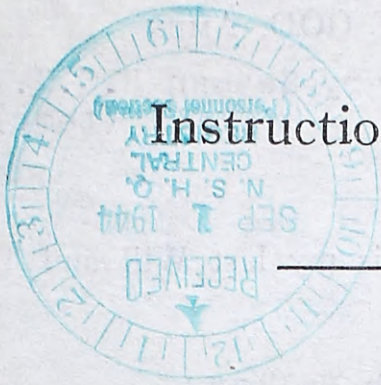
Where the Will is made on board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall be a Commissioned Officer, Chaplain, or Warrant or Subordinate Officer belonging to His Majesty's Naval or Marine or Military Force.

Where the Will is made elsewhere than on Board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall be a Commissioned Officer, or Chaplain, or Warrant or Subordinate Officer, or the Governor, Agent, Physician, Surgeon, Assistant-Surgeon, or Chaplain of a Naval Hospital at home or abroad, or a Justice of the Peace, or the Incumbent, Curate, or Minister of a Church or Place of Worship in the Parish where the Will is executed, or a British Consular Officer, or an Officer of Customs, or a Notary Public, or a Solicitor, or in Scotland a Law Agent.

A Will made by any person while serving as a Seaman or Marine will not be valid for any purpose if it is written or contained on or in the same Paper, Parchment, or Instrument with a Power of Attorney.

The Certificate on the back hereof, is to be signed by the person by whom the Will is prepared.

Records by *W. H. Munro*



Instructions for filling up the Form

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

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

If, however, the *whole* of the Testator's property is to be given to one person, or between several, all that is necessary is to insert in the space, the names, &c., of the person or persons to be benefited.

CERTIFICATE

I hereby certify that the Will on the other side hereof was previously to its execution read over to the Testator who appeared perfectly to understand the same.

.....*J. H. Brown*.....

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

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>2 m l s York</i>	<i>U. 50598</i>
		"
		"

Date of Birth	<i>27 December 1916</i>	Name and Address of Nearest Relative or Friend (In pencil) <i>Mother Mary 24 Morval St. Toronto Ont Same address</i>
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. Sman</i>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	6	36½	137½	Brown	Blue	Med	Scar on chin
On re-enrolment—6 years' Service.....								Scar above left
On re-enrolment—12 years' Service.....								eye.
Further Description if necessary.....								

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

NAVAL TRAINING and ACTIVE SERVICE

[illegible][illegible]

...Conduct

[illegible]

I. B. to be brought in

113-W-2700



CANADA

N. V. 5

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

P277072

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 <u>Toronto</u>	Mother. Mary Elizabeth Walker, 24 Norval St., Toronto, Ontario.
*Original Nationality of: Father <u>English</u> Mother <u>English</u>	County <u>York</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> Inches <u>6"</u> Wt <u>137 1/2#</u>	Inflated <u>38"</u> Deflated <u>35"</u> Mean <u>36 1/2"</u>	<u>Brown</u>	<u>Blue</u>	<u>Medium</u>	<u>Scar on whin</u> <u>Scar above left eye</u>

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>2 yrs high school</u>	<u>Machine Operators</u> <u>Rogers Radio</u> <u>622 Fleet St.,</u> <u>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</u> <u>17th Nov. 1942</u>	<u>Ordinary Seaman</u> <u>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 Rec rds. mg

2. Index Card mg

3. Non-Sub. Card. mg

4. Statistical Card. mg

5. Photo Strip. mg

6. Pension Card. mg

7. mg

8. mg

DATE 30/11/42

(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.

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 theseaman.....Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

Robert Walker

Signature

NAME IN FULL W.A.L.K.E.R. Robert Thomas RANK/RATING AB

[illegible]

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

VERIFIED BY DIR. OF PERSONNEL RECORDS.

VERIFIED BY

DIR. OF PERSONNEL RECORDS.

OCCUPATIONAL HISTORY FORM

113-W-2700

P277075

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

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

Section A—GENERAL INFORMATION

1. (a) Print name in full WALKER, Robert Thomas (b) Reg'l. No. V 50598
2. (a) Arm of service Navy (b) Unit R.C.N.V.R. (c) Rank Ord. Smn
3. (a) Date of birth 22 Dec '16 (b) Have you any dependents? No (c) Place of residence at time of enlistment Toronto, Ontario
4. (a) Place of enlistment Toronto, Ont. (b) Date of enlistment 17th Nov. 1942

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 18 (b) Were you attending school or college up to the time of enlistment? No.
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 2 yrs. 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? NO

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

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

11. Had you ever been employed fairly regularly since leaving school?.....
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 Rogers Radio (1941) Limited Address 822 Fleet St. Toronto, Ont.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Mfg or radios & parts
20. (a) Your specific occupation Machine Op. (Turret lathe) (b) Number of years' experience at this occupation with any employer 4 yrs
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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

22. (a) State nature of business, or professional practice..... (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? No (b) Do you feel competent to operate a farm?..... (c) If so, in what kind of farming?.....
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had?..... (c) In what provinces did you have experience?.....

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.) No.
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form.....

17th November

2

DATE.....194.....

SIGNATURE

Robert Walker



COPY TO
VWD
ES

NOV 30 1942

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.

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

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 serving when and where any disability was incurred, or where death occurred, 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.

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.

H.B. Money

for

SECRETARY, NAVAL BOARD.

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

NOTE:

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

(See reverse side for further instructions)

REMARKS:

NOTES:

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

17

N.S. V-50598, F.D. 1102 (PERSON)

6 June, 1944.

MEMORANDUM:

An inquiry has been received from an insurance company as to the date Robert Thomas Walker, Able Seaman, Official No. V-50598, R.C.N.V.R. "first left Canada, United States, Newfoundland or Alaska for service at sea". Headquarters is to be informed as to the date this rating left Canada for Newfoundland.

2. The date he proceeded beyond three miles of Newfoundland shores for service at sea is also to be reported.

3. The following is a statement of this rating's service:

<u>SHIP OR ESTABLISHMENT</u>	<u>From</u>	<u>SERVICE</u> <u>To</u>
H.M.C.S. "CORNWALLIS"	13 July, 1943	25 Oct., 1943
H.M.C.S. "AVALON"	26 Oct., 1943	16 April, 1944
H.M.C.S. "VALLEYFIELD"	17 April, 1944	

BY ORDER,

H.B. Money

for SECRETARY, NAVAL BOARD.

The Commanding Officer,
H.M.C.S. "STADACONA".

Copy to: The Commanding Officer,
H.M.C.S. "AVALON".

For
--necessary action with reference to
paragraph 2 above.

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

P.A.'S CHECKED IN

N.S.H.Q.

C.R. BY.....

ONP

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

8/5/44

GP

2453

C. R. P.R./5-2.

P. A.

NAVAL TREASURY

DATE 31/8/44INITIAL 245

FORM "B"

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

DEPARTMENT OF NATIONAL DEFENCE

- Naval Service -

Ottawa, Canada.

AUG 30 1944

2020

Sir:

(Date)

The following casualty has been reported -

NAME

RANK or RATING

NAVAL NO.

WALKER, Robert Thomas

Able Seaman,

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 incurred, or where death was torpedoed and sunk by enemy action in the Atlantic.
 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 MAR-
 RIAGE ALLOWANCE, DEPENDENTS ALLOWANCE, etc.

P.A.'S CHECKED IN

C.R. BY P

REMARKS:.....

THIS PORTION OF FORM COMPLETED BY CHIEF TREASURY OFFICER, DEPARTMENT OF NATIONAL DEFENCE, NAVAL SERVICE.

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
NIL	NIL	NIL	NIL

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	NIL	\$20.00	\$20.00

To Whom Paid: Mrs. Mary Walker Address: 24 Norval St.,
Toronto, Ontario.

Date of Enlistment: See other side.

Date of Discharge: See other side.

Inclusive date to which D.A. and/or A.P. was Paid:

The final deduction of Assigned Pay for 20.00 has been made for the period from 1st to 31st of May 1944.

Remarks:

Computed by.....

Checked by.....

Alec J. Boswell
for
Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service).

The Secretary, The Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ontario.

170056

File No... N.S. V-50598 PERS..(N)

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

WAR MEMORIAL CROSS

Issued to:-

Wife:-

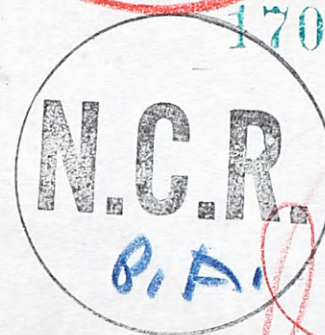
Mother:-

Mrs. Mary E. Walker,
24 Normal Street,
TORONTO, Ont.

Date forwarded:- OCT 13 1944

Registered Mail No.- 0-3174

Noted in Service
Records by *hpl*



170391

DC

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

DECEASED
MEMBER'S
NAME

Robert Thomas
(CHRISTIAN NAMES)

WALKER
(SURNAME)

REGISTER NO. 6611
FILE NO. NSV-50598
DATE 5 July '45
SERVICE NO. V-50598
FINAL RANK OR RATING A.B.
DATE OF DISCHARGE 7 May '44

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

for Service Estate,
of Robert T. WALKER,
N.S.V-50598
7 May '44

DATE OF TERMINATION OF OVERSEAS SERVICE

DATE OF DISCHARGE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 453 EQUAL TO 15 COMPLETE PERIODS AT \$7.50

\$ 112.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 21 LESS 3 INELIGIBLE DAYS, EQUAL TO 18 DAYS @ 25C. PER DAY

4.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.25
ADDITIONAL PAY H.L.M. \$.13

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.23 X 7 = \$ 22.61
NO. OF DAYS 21 X \$ 22.61

2.59

D. WAR SERVICE GRATUITY

119.59

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

F. TOTAL AMOUNT PAYABLE

119.59

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 119.59

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

PREPARED BY

GW

CHECKED BY

H.A.B.

TREASURY

CHECKED BY

R. Kananagh

DATE

10/9/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Acctg.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased
Member's NameRobert Thomas
(Christian Names)WALKER
(Surname)Payee Director of Estates } for Service Estate
Address 308 Sparks St. } of Robert J. Walker,
Ottawa, Ont. } N.S. V. 50598

Register No. 6611

File No. V50598

Date 3-7-45

Service No. V50598

Final Rank or Rating A.B.

Date of termination of overseas service 7 May 44

Date of Discharge 7 May 44

A. TOTAL QUALIFYING SERVICE

No. of days 453 equal to 15 complete periods at \$7.50
30

112.50

B. QUALIFYING OVERSEAS SERVICE

No. of days 21 less 3 ineligible days equal to 18 days @ 25¢ per day

4.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay	\$ 1.85
Subsistence or Lodging	\$ 1.25
and Provision Allowance	
Additional Pay H.L.M.	\$.13

Dependents' Allowance 1/30 of \$

Total 3.23 x 7 = \$22.61

No. of days 21 x \$22.61
183

2.59

D. WAR SERVICE GRATUITY

119.59

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

OTHER DEDUCTIONS \$

nil

F. TOTAL AMOUNT PAYABLE

119.59

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ of \$ = \$119.59
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.

		Treasury	
Prepared by	Checked by	Checked by	Date

Service Representative

D.N.P.A. CHECK

1	W	6	
2	W	7	
3		8	
4		9	
5		10	

DISTRIBUTION OF SERVICE ESTATES

IM


Estates Form "P. 4"

NAVY

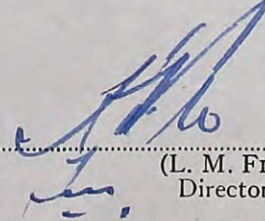
Name: **WALKER** Surname Christian Names **Robert T.** No.: **V. 50598**
Rank **A.B.** Unit **R.C.N.V.R. O/S.** Date of Death **7-5-44**

AMOUNT **W.S.G.** **119.59**
L.P.C.....\$ **98.22**
Date: **2-8-45** Other Credits..... **69.58**
Total..... **287.39**
Prev. Dist. **98.22**
This Dist. **189.17**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Mary E. Walker, 24 Norval St., TORONTO, Ontario. (Sole beneficiary under will) P4. TO TREAS. 14/8/45	189.17

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	189.17
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED


(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

#28
Pers (m) 14/9/44
142642
39

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.....WALKER. Robert T.....Rating.....A.B.....
Official No. V. 50598.....H.M.C.S. AVALON "VALLEYFIELD".....List. 12²/119
Who*.....DISCHARGED DEAD.....on the 7 May.....1944

Net sum due on ledger on account of Wages.....	\$	cts.
Proceeds of sale of Effects charged against Wages, brought from the other side	N	I L
CASH—		
Proceeds of sale of Effects, brought from the other side.....	\$	cts.
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. 25182 Adm. Naval Estates (Present War).....	98	22
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) TWENTY DOLLARS charged to 31 May 1944.....		
Name of ship from which transferred HMCS. "VALLEYFIELD".....		
Total†.....CREDITOR.....	98	22

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 NINE TY-EIGHT - - - - - dollars - - TWENTY-TWO -- cents.

Dated on board H.M.C.S. AVALON at ST. JOHN'S Nfld. this FIFTH day of JUNE 1944.

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 AUTHORITY: AVALON'S CNS 249A #A13927 dated 19 May, 1944
5M-2-42 (3601)
H.Q. N.S. 815-9-45
LEDGER: [Signature] AUDIT: [Signature]

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.

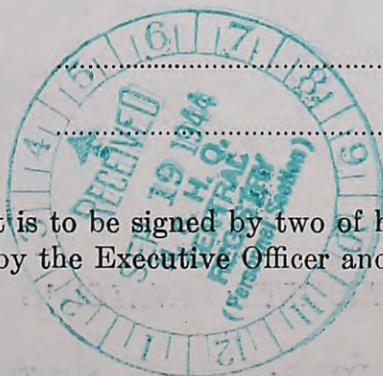
The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*

.....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.



STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "AVALON" VALLEYFIELD " ending 30 June 19 44

List 122 No. 119 (Name) WALKER, Robert T. Rank Rating A.B. No. V. 50598

17 Apl. 1944 17 Apl. 1944

When entered T.R. Date of appearance T.R. Whither discharged DEAD

CREDIT from former account.....H.M.C.S. "AVALON"						\$	c.
Pay as.....A.B. from 17 Apl to 31 May (45 days at \$ 1.85 a day)						83	25
Adjust. A.B. " 10 Feb. " 16 Apl (67 " .35 ")						23	45
" " " " (" ")							
" " " " (" ")							
" " " " (" ")							
Kit Upkeep Allowance.....1 Apl - 7 May						4	47
OTHER CREDITS:.....G.M. 17 Apl - 7 May, 21 days @ .06¢						1	26
Total credits.....						118	22
DEBT from former account.....						-	-
PAYMENTS:—	1st	2nd	3rd	4th	5th		
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.		
1st month.....						Total.....	- -
2nd month.....						Total.....	
3rd month.....						Total.....	
Allotment.....20.00 chged May.						20	00
Pension deduction (Officers) charged to.....of.....							
Hospital stoppages.....							
Mulcts.....							
OTHER CHARGES: O.R. 25181 payable Adm. Naval Estates (Present War)						98	22
LEDGER: <i>See</i>						Total debits	118 22
AUDIT: <i>See</i>						Balance Cr. or Dr.	N I L
(Balance Dr. to be shown in red)							

Number of days actually victualled during period mentioned above 21

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

Date.....5 June 19 44

PAY LIEUT. CDR., R.C.N.V.B. ACCOUNTANT OFFICER

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

"VALLEYFIELD"

SRA

H.M.C.S. at

.....
Robert Thomas WALKER

Name (Christian names in full) V. 50578 RCNVR

Rank or Rating Official No. (If unknown, date of first entry)

Place of Birth Toronto, Ontario, Date of Birth 27th Dec. 1916

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 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 Mrs. Mary WALKER Mother
Name Relationship
Address 24 Norval Street, Toronto, Ontario.

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

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.

Noted



Department of National Defence

1138415

Naval Service

AUG 30 1944

194

IN REPLY PLEASE QUOTE

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

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

WALKER, Robert Thomas,
Able Seaman, Official
Number V-50598,
Royal Canadian Naval
Volunteer Reserve.

Missing, presumed dead, to
date 7 May, 1944. He was serv-
ing in H.M.C.S. "VALLEYFIELD",
which was torpedoed and sunk by
enemy action while on Convoy es-
cort duty in the Atlantic.

Mother:
Mrs. Mary Elizabeth Walker,
24 Norval Street,
Toronto, Ont.

ALLOTMENTS IN FORCE

In favor of

Amount

Initials

Mother

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

\$20.00 AMP.
A. P.

(Stopped May 31/44)

Will: Attached.

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

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

N.C.R.

PLEASE MAKE OUT FALSE
DOCKET AND FORWARD WITH
ATTACHED LETTER TO ADMIN-
ISTRATOR OF ESTATES.



CANADA

P277074

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 R. T. Walker
candidate for entry as Ord. Surg. V.R. Hobbs
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	25 Yrs. 9 Mos.	(j) Date of last Vaccination for Smallpox	Never
(b) Height with bare feet	5 Feet 6 In.	(k) General Development	Good
(c) Weight without clothes	137 1/2	(l) Nose, Throat and Tonsils	NORMAL
(d) Ears and Hearing	NORMAL	(m) Heart and Lungs	NORMAL
(e) Chest Girth	Max. 38 Min. 35 Mean 36 1/2	(n) Abdomen Hernia, etc.	NORMAL
(f) Teeth	Deficient 8 Defective Dentures	(o) Limbs and Joints	NORMAL
(g) Vision by Snellens Types	without glasses Rt. 20/20 Lt. 20/30 with glasses Rt. Lt. where worn	(p) Skin	NORMAL
(h) Colour Vision	Ishihara R.C.N. Lantern Normal	(q) Anus Haemorrhoids	NORMAL
(i) Chest x-ray	(not taken approved positive doubtful) 58871	(r) Testes Varicocele	NORMAL
		(s) Urine	Free

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.

Robert Thomas Walker
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 Toronto the 20 of Aug 1941

H. MacKinnon
Examining Medical Officer

(Rank) SURGEON LIEUT. R. C. N. V. R.