

V16007
PAUL
GORDON

MCKEN

DEPARTMENT OF VETERANS AFFAIRS

Reverse Side pse.

DECEASED 25 June 1940

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

PAUL

Gordon McKenzie

V-16007

A.B.

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICEBADGE

CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

C.V.S.M. & Clasp

War Medal

SENT
ENVOYEMAY
22 1986

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL
RCNVR Dec. 42 "FRASER"

REGISTRATION No. DATE OF DESPATCH,

(1) MEDALS
PERSON
ENTITLED TO From D.V.A. Records.
Mr. William G. Paul - Brother
20 Melvin Avenue,
ADDRESS: Port Arthur, Ontario.

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS
MOTHER

DECEASED

ADDRESS:

MEMORIAL BAR

(1) DATE DESP.

REGN. NO.

2219

(2)

(3)

P9087

DEPT.
MILITARY FORCE

JUL -3 1937

QUESTIONNAIRE FOR CANDIDATES

113-262.

FOR ENTRY IN THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Name (in full)..... Gordon Paul

Date and place of birth..... August 4th 1919 Port Arthur Ont.
(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)

Permanent place of residence..... 272 Park St. Port Arthur Ont.

Nearest town to residence (if living in country).....

Are you a British subject?..... Yes

Are you single, married or a widower?..... Single

In what capacity do you wish to enrol?..... Ordinary Seaman
(See standards of qualifications in attached pamphlet)

Present occupation or trade..... Elevator operator
(Attach any testimonials or recommendations)

Do you belong to any Naval, Military, Reserve or Territorial Force?..... no

Have you ever served with such forces? Give dates and details.....
Sea Cadets 1931 - 1937

Have you ever been discharged from any of H. M. Forces as medically unfit?..... no

Have you ever offered to serve in any of H. M. Forces and been rejected?..... no

What is your weight?..... 143 lbs. What is your height?..... 5 ft. 7 1/2 inches

What is your chest measurement (not inflated)?..... 34 inches

Are you free from all physical defects or malformation, and not subject to fits?..... yes

Are you willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities?..... yes

I hereby declare that the above answers are true in every respect.

..... Gordon Paul Signature

..... July 6th 1937 Date

..... 272 Park Street Address

..... P. O. O. (Witness)
(Witness to Signature) R.C.N.V.R.

This is to certify that I have personally seen the birth certificate of this applicant, or a sworn declaration as to his date of birth.

I certify his date of birth, according to legal documentary evidence, to be..... August 4th 1919

Signed..... D. M. Black Lieut. R.C.N.V.R.
Commanding Officer



N. V. 5
2M-2-32
N.S. 815-11-5

113 P 262

3

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Paul OFFICIAL No. 16007

CHRISTIAN NAMES Gordon McKenzie MARRIED, SINGLE or WIDOWER Single

PERMANENT ADDRESS		RELIGION
<u>272 Park St. Port Arthur Ont.</u>		<u>United Presbyterian</u>
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>Aug. 4th 1919.</u>	Town <u>Port Arthur</u> County Province <u>Ontario</u>	<u>William Paul</u> <u>272 Park Street</u> <u>Port Arthur Ont.</u>

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet <u>five</u>	Inflated <u>36 inches</u>				
Inches <u>seven</u>	Deflated <u>33 inches</u>	<u>black</u>	<u>blue</u>	<u>ruddy</u>	<u>nil</u>
<u>one-half</u>	Mean <u>34 inches</u>				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>July 7th 1937</u>	<u>Ordinary</u> <u>Seaman</u>	<u>Elevator operator</u> <u>Public Utilities (Port Arthur)</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 from any of His Majesty's Forces on account of unfitness.
- (4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

Entered on History
Card by L.S.

(5) On being enrolled as a member of the Port Arthur Division Company of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—

(a) To serve from the date thereof for three consecutive years, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval 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 Company 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.

Dated this 7th day of July 1937.

Signature of applicant Gordon Paul

(C) CERTIFICATE OF COMPANY COMMANDING 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 7th day of July 1937.

D. M. Black, Lieut R.C.N.V.R.
Signature of C. C. O.

(D) OATH OF ALLEGIANCE

I, Gordon McKenzie Paul 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 Gordon Paul

Witness D. M. Black

Date July 7th 1937 Rank P.O. (acting) R.C.N.V.R.

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

(E) CERTIFICATE OF COMPANY COMMANDING OFFICER

Gordon McKenzie Paul 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 Port Arthur Division Company of the R.C.N.V.R.

D. M. Black, Lieut R.C.N.V.R.
Company Commanding Officer.

NOTE—This form when completed and when the particulars on it have been noted in the Company 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.

...V16007.

...OFFICIAL NUMBER

FILE NUMBER

113-P-262

OFFICIAL NUMBER V16007

NAME _____

PAUL
.....
(Surname)

Gordon McKenzie
(Given Names)

.....DATE OF BIRTH.....

4 August 1919

PLACE OF BIRTH ... Port Arthur, Ontario.

....OCCUPATION

Elevator Operator

RELIGION.....United Church

EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No..

20 Melvin Avenue

.....Town

Port Arthur

.....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]

FILM NO. *11*
DATE

SECOND CLASS FOR CONDUCT

From

To

W. S. C.
APPLICATION
56811
RECEIVED
2/6/40

V16007

OFFICIAL NUMBER

NAME PAUL
(Surname)Gordon McKenzie
(Given Names)

OFFICIAL NUMBER V16007

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Qualif-4		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Div. Str. Port Arthur	Ord. Smn.	7	7	37	Training	V.G.	Sat.	16	7	38	Q&R S.T.	3	2	40			
H.M.C.S. Naden	" "	1	7	38	-18-7-38	V.G.	Sat.	22	4	39							
" "	" "	8	4	39	-24-4-39	V.G.	Supr.	25	6	40							
" Stadacona	Able Smn.	2	11	39	Active Service												
" Fraser	" "	12	2	40													
<u>DISCHARGED</u>	" "	25	6	40	<u>Killed in Action</u>												
GENERAL REMARKS																	

DATE OF BIRTH	04	8	19	11	790	0	40	X	1	49	03	0	10	0	08	95
ENLIST DATE	07	07	37	02	11	39										
SENIORITY	STR	NON	RIS													
BY	MO	YR	CAT	A	B	C										
02	11	39	09	25	00	20	25	06	40							

14.1.43 M.M.

NAME IN FULL Paul Gordon McWeniger RANK/RATING A B OFF. NO. 1000

[illegible]

VERIFIED BY

VERIFIED BY

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

~~Major~~ RANK/RATING A B OFF. NO. V-16007 ADDRESS

VERIFIED BY *P. J. Knox*

VERIFIED BY DIR. OF PERSONNEL RECORDS.



Can. B. 207
20M-8-38
N.S. 815-2-207

CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE 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 G. M. Paul, D.N. 16007 Port Arthur candidate for entry as Draft R.C.N.B. Halifax (R.C.N.V.P.) and I believe him to be in all respects fit for His Majesty's Service. He has signed the Certificate given below in my presence.

Dated at Port Arthur the 1 of November 1939.

F. J. Thompson
Examining Medical Officer

(Rank) Surgeon Lieutenant R.C.N.V.R.

This examination has been made in accordance with the Instructions for Recruiting.

(a) Age { Years Months	(b) Weight without Clothes lbs.	(c) Height with Bare Feet ft. ins.	(d) General Development	(e) Chest Girth inches (a) maximum (b) minimum (c) mean	(f) Vision by— (i) Snellen's Types (ii) Colour Vision right eye left eye colour vision	(g) Vaccinated or re- vaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(j) Limbs and Joints	(k) Skin	(l) Ears and Hearing	(m) Testes, Varicocele, etc.	(n) Mouth, Teeth (No. def- icient and No. defective, if any), Nose, Tonsils, etc.	(o) Anus, Hæmorrhoids, etc.
20 yrs 3 mos	143	5 8	Good	37 33 34	V = 1 V = 9/10 Satisfactory	1929 (approx)	OK	OK	OK	(facial bones)	OK	OK	6 defective teeth 3 defective teeth	OK

CERTIFICATE TO BE SIGNED BY THE CANDIDATE

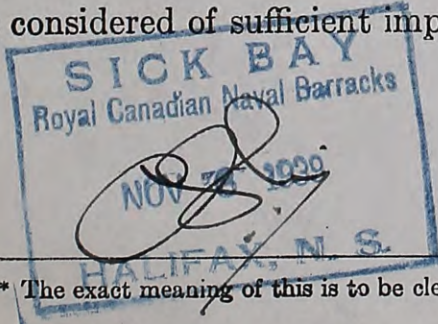
I hereby certify that to the best of my belief I have never suffered from Fits, *Incontinence of Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. I am willing to undergo, after entry, such dental treatment as may be authorized.

Gordon M. Paul
Signature of Candidate

When a Candidate is passed, notwithstanding a slight defect or disability, the following Certificate is to be filled up

This Candidate is the subject of.....

not considered of sufficient importance to cause his rejection, he being desirable in other respects.



Examining Medical Officer

(Rank).....

* The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.

R. C. N. V. R.
TRAINING REPORTS, 1939

Name PAUL Gordon M. Rate Ord. Smn. 113 P262
Division Port Arthur Training Headquarters Esquimalt Period No. 1
ANNUAL TRAINING No. of days
Entered for N.T. 10 - 4 - 39 Completed N.T. 22-4-39 14
Entered for V.S. Completed V.S.
Final Discharge 22-4-39 Total No. of Days 14 P7094

INSTRUCTION

	Training Establishment <u>R.C.N.B.</u>			Service Afloat H.M.C.S.		
	From <u>10-4-39</u> To <u>22-4-39</u>			From To		
Subject	No. of Hours	Efficiency	Remarks	No. of Hours	Efficiency	Remarks
1. Seamanship		Sat.	77%			
2. Boatwork		Sat.				
3. Signals		Sat.	98%			
4. W/T						
5. Gunnery		Sat.	74%			
6. Torpedo						
7. Minesweeping						
8. P. & R.T.		Sat.				
9. Swimming						
10. Kit and Medical		Completed				
11.						
12.						

Character V.G. Efficiency Sat. Character Efficiency

Qualified as Efficient Yes.
E.T. Part I. Passed } Date
Failed }
Passed professionally for Able Seaman Date 21-4-39
Recommended for Advancement Yes.
Recommended for Confirmation

Qualified for Advancement to and rated Able Seaman to date 21-4-39 at T.H.Q.
Recommended for Special Branch
General Remarks An average rating.

Signature [Signature]
Lieutenant-Commander, R.C.N.
RESERVE TRAINING OFFICER

R. C. N. V. R.
TRAINING REPORTS, 193 8.

N.V. 27
3M-6-37
N.S. 815-11-27

Name **PAUL, Gordon M.** Rate **Ord. Sea.** O.N. **16007**
Division **Port Arthur** Training Headquarters **Esquimalt** Period No. **5**
ANNUAL TRAINING No. of Days **5**
Entered for N.T. **4-7-38** Completed N.T. **16-7-38** **14**
Entered for V.S. Completed V.S.
Final Discharge **16-7-38** Total No. of Days **14**

INSTRUCTION

	Training Establishment R.C.N.B.			Service Afloat H.M.C.S.		
	From	To		From	To	
Subject	No. of Hours	Efficiency	Remarks	No. of Hours	Efficiency	Remarks
1. Seamanship	25	Supr.				
2. Boatwork	2½	Sat.				
3. Signals	3	Sat.				
4. W/T						
5. Gunnery	25	Sat.				
6. Torpedo						
7. Minesweeping						
8. P. & R.T.	2½	Sat.				
9. Swimming						
10. Kit and Medical	2					
11.						
12.						

Character **V.G.** Efficiency **Sat.** Character Efficiency

Qualified as Efficient **Yes.**

E.T. Part I. Passed }
Failed }

Date

Passed }
Failed }

Date

Passed professionally for Date

Date

Recommended for Advancement

Recommended for Confirmation

Qualified for Advancement to

Recommended for Special Branch

General Remarks **Average First Year Rating.**

Entered on History
Card by **R.M.M.**

Signature

Lieutenant-Commander, R.C.N.
RESERVE TRAINING OFFICER

R.C. N. V.R.
Passing Certificate

This is to Certify

that PAUL, Gordon McKenzie,

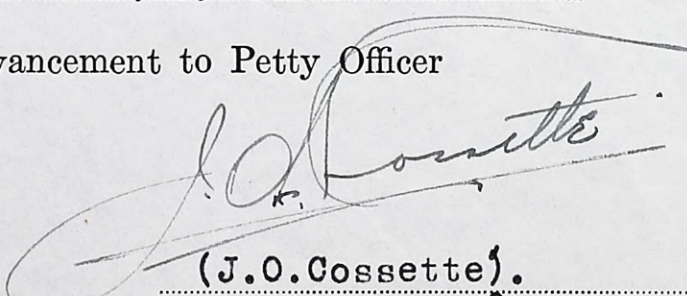
Rating Ordinary Seaman Official Number 16007

has passed

THE EDUCATIONAL TEST, I

held on 8th November, 1938.

For advancement to Petty Officer


(J.O. Cossette).

Naval Secretary

Department of National Defence.

Ottawa, this 9th day of February, 1939.

C.N.S. 2431

1M-8-37

N.S. 815-9-2431

P 78555 REFERENCE

Six copies to be rendered to Naval Service Headquarters

JUN 26 1941

NS/2-1262

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. "STADACONA" at HALIFAX, NOVA SCOTIA.

Name PAUL, Gordon McKenzie
(Christian names in full)Rank of Rating Able Seaman Official No. V.16007
(If unknown, date of first entry)

Place of Birth Date of Birth 4th August, 1919

Occupation in Civil Life Religion United

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N.
(Temporary) or Reserve ratings) 2 years

Date of Death 28th June, 1940 Place of Death At Sea

Cause of Death Lost in collision of H.M.C.S. "FRASER"
(If due to accident, violence, or enemy action, particulars to be stated briefly)Nearest known relative or friend { Name William PAUL Relationship
Address 272 Park Street, Port Arthur, Ontario.

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

Date on which death was registered with local Officials

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

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

Acting Captain R.C.N.
Commanding Officer,

19th June, 1941

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.

C.N.S. 1121
15M-7-40 (5849)
N.S. 815-9-1121

19 July, 1940

STATEMENT OF SERVICE OF
GORDON M. PAUL
ABLE SEAMAN--R.C.N.V.R.--O.N. V16007

Ship or
Establishment

Rating

From

To

HMCS "NADEN" (Training)	Ord. Smn.	1 July, 1938	18 July, 1938
HMCS "NADEN" "	" "	8 April, 1939	24 April, 1939

MOBILIZED

HMCS "STADACONA" (Depot)	Able Seaman	2 Nov, 1939	11 Feb., 1940
HMCS "FRASER" (Sea Going)	"	12 Feb., 1940--	25 June, 1940

DISCHARGED "DEAD"--25 June, 1940

Character Assessment for whole period "Very Good".

Volunteer date: 7 July, 1937--for 3 years.

Signed for Duration of Hostilities 3 September, 1939.

(J. O. Cossette),
Naval Secretary.

MEMORANDUM FOR

P. 64

Mr. James S. Paul,

20 Melvin Ave.,

Port Arthur, Ontario.

Any further communication on this subject should be addressed to:—

THE ADMINISTRATOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. N.S. 113-P-262 FD 123

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

60

October 24, 1941.

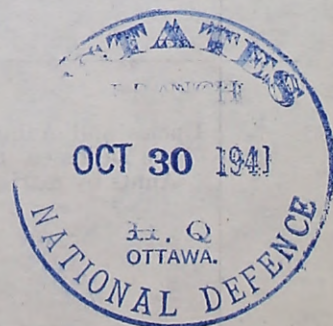
For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

PAUL, Gordon McK., A.B.

No. V.16007, H.M.C.S. "FRASER"

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

Administrator 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 inquired for	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.....		Not married.		
2	Children of the Deceased and dates of their Births.....		None		
3	Father of the Deceased.....		William Grant Paul	48	March 9th, 1936
4	Mother of the Deceased.....		Alice Paul	47	1925
5	Brothers of the Deceased	Full Blood	James Stewart Paul	18	20 Melvin Avenue Port Arthur, Ontario R. C. N. V. R. Halifax, Nova Scotia.
		Half Blood	William Grant Paul Sto. 2., V16190 HMCS "Stalacma" P.R. <i>240 from N.P.R.</i>	20	
6	Sisters of the Deceased	Full Blood			
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the De- ceased, who are dead, and date of death of each.		Names and ages of their children (if any)	Address of their children	

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Gordon McKenzie Paul
11	Give the month and year of his birth.	August 4th, 1919.
12	Where and when were his parents married?	LONDON, ENG. - January 14 th 1918
13	If deceased was married, state place and date of marriage.	
14	Did he leave a Will? If so, a copy should be attached hereto.	No.
15	Did he leave a bank account? If so, give full particulars.	No.
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	No.
17	State <i>your own</i> postal address in full.	20 Melvin Avenue, Port Arthur, Ontario.

PARTICULARS OF DOMICILE

18	Where was deceased born?	Port Arthur, Ontario.
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	Port Arthur, Ontario, Canada.
20	What was the nature of his employment?	Elevator operator.
21	Did he own the premises in which he lived? If so, where?	No.
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	No.

OTHER PARTICULARS

23	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.
24	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. (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, 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.)	No.

(PLEASE TURN OVER)

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for ; and that I am the

* the brother of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

James Stewart Paul

{Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief James Stewart Paul

*See above

{ Name of Informant } is the * brother of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Port Arthur this 28th day of October 1941.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public

Charles J. Quachars

Qualification Commissioner, Notary Public.

Address 405 Public Utilities Building, Port Arthur, Ontario.

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 enquired after is stated in its proper place in the Statement opposite.

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

NH

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

4
NAVYDECEASED
MEMBER'S
NAME

Gordon M. PAUL

(CHRISTIAN NAMES)

(SURNAME)

REGISTER NO. 56811

FILE NO. NS.V-16007

DATE 14-9-48

SERVICE NO. V-16007

FINAL RANK OR RATING A.B.

DATE OF DISCHARGE 25 June/40

PAYEE
ADDRESS

Director of Estates, (for service estate of
National Defence Bldg., G.M. Paul,
Slater St., V-16007)
OTTAWA, Ont. 25 June/40

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 237 EQUAL TO 7 COMPLETE PERIODS AT \$7.50

\$ 52.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 135 LESS 27 INELIGIBLE DAYS, EQUAL TO 108 DAYS @ 25C. PER DAY

\$ 27.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE

1.85

1.45

ADDITIONAL PAY

ST \$.10

HLM \$.13

\$

DEPENDENTS' ALLOWANCE 1/30 OF \$

\$

TOTAL 3.53 X7 = \$24.71

18.23

NO. OF DAYS 135 X \$24.71

183

D. WAR SERVICE GRATUITY

97.73

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE \$

nil

OTHER DEDUCTIONS

\$

F. TOTAL AMOUNT PAYABLE

Journal Voucher # 2278 dated 29/9/48 -

N. H.
4/10/48

97.73

G. YOUR PORTION OF GRATUITY IS—

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

=\$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

97.73

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

FS

TREASURY

CHECKED BY

DATE

(K.M. Roy),
Lt. Cdr. (S), R.C.N.,

for DIRECTOR OF NAVAL PAY ACCOUNTS

SERVICE REPRESENTATIVE

24

5-2

183

K

11 April

Date of appearance.....1 April

Whither discharged.. Disch.... Dead.

\$	c.
	06

PAYMENTS:—

1st	2nd	3rd	4th	5th
\$ c.	\$ c.	\$ c.	\$ c.	\$ c.
	61.00			
	61.00			

Nil

.of

Mulcts.

..30

122	30
-----	----

81	85
----	----

--	--

H. M. C. S. Fraser

NOT
VICTUALLED

LENT, SICK OR
LEAVE

FROM

TÓNo. OF
DAYS

SHIP, HOSPITAL, etc.,
IN WHICH BORNE

4 January

19.1

Pay/Sub. Lieut., R.C.N.V.R. For ACCOUNTANT OFFICER

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

Name.....PAUL.....No.....V 16007
SurnameChristian NamesGordon M.
RankA.B. UnitM.C.N.V.R. Date of Death25-6-40

AMOUNT
W.S.G.....\$ 97.73
L.P.C.....\$ 81.85
Other Credits.....
Total.....179.58
Prev. Dist. 81.85
This Dist. 97.73

Date.....October 13th, 1948.....

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
L/2	BROTHER	William G. Paul, 19 Melvin Ave., Port Arthur, Ont.	48.87
1/2	BROTHER UNCLE	James S. Paul, 10 Knight Street, Port Arthur, Ont.	48.86
		(As next of kin entitled)	

P.4 to treas. 15-10-48
AB

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	549	00	22	000	97.73
CLASSIFIED BY AB			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

[Signature]
Lieut. Colonel
Director of Estates
Judge Advocate General.
AUDITED FOR PAYMENT

For Chief Treasury Officer