

V2844
DORAN
PATRICK

DIXON

10

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

4
NAVY

DECEASED
MEMBER'S
NAME

Patrick Dixon

DORAN

(CHRISTIAN NAMES)

(SURNAME)

Mrs. Beatrice C. Doran,
Box 73,
Newcastle, N.B.

PAYEE
ADDRESS

REGISTER NO.

5362

FILE NO.

N8.V-2844

DATE

12th June '45

SERVICE NO.

V-2844

FINAL RANK OR RATING

Sto. 1/C

DATE OF DISCHARGE

13 Sep '42.

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS

403

EQUAL TO

13

COMPLETE PERIODS AT \$7.50

\$ 97.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS

180

LESS

13

INELIGIBLE DAYS, EQUAL TO

167

DAYS @ 25c. PER DAY

\$ 41.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE

\$

2.00

ADDITIONAL PAY

\$

1.45

H.L.M.

\$

.13

DEPENDENTS' ALLOWANCE 1/30 OF \$

\$

TOTAL

\$

3.58

X7 = \$

25.06

NO. OF DAYS

167

X\$

25.06

22.86

D. WAR SERVICE GRATUITY

162.11

E. DEDUCTIONS

OVERPAYMENT OF

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

N11

OTHER DEDUCTIONS

\$

F. TOTAL AMOUNT PAYABLE

162.11

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

= \$ 162.11

Cheque 26485 - 21/6-45

CERTIFICATE

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

PREPARED BY

DEJ

CHECKED BY

TREASURY

CHECKED BY

DATE

for Dir. Naval Pay Accounting

AT

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased
Member's NamePatrick Dixon - DORAN.
(Christian Names) (Surname)

Payee

Mrs Beatrice C. DORAN.

Address

Box 73.
Newcastle N.B.

Register No.

5362

File No.

V 2844

Date

14.2.45

Service No.

V 2844

Final Rank or Rating

Sto. 1/c

Date of Discharge

13 Sep 42

Date of termination of overseas service

13 Sep 42

A. TOTAL QUALIFYING SERVICE

No. of days 403 equal to 13 complete periods at \$7.50
30

94.50

B. QUALIFYING OVERSEAS SERVICE

No. of days 180 less 13 ineligible days equal to 167 days @ 25¢ per day

41.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay	\$ 2.00
Subsistence or Lodging	\$ 1.45
and Provision Allowance	
Additional Pay	\$ 13

H.L.M.

Dependents' Allowance 1/30 of \$

Total 3.58 x 7 = \$ 25.06

No. of days 167 x \$ 25.06

183

22.86

D. WAR SERVICE GRATUITY

162.11

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

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

162.11

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ _____ of \$ = \$ 162.11
Total Dependents' Allowance in issue \$

CERTIFICATE: I certify that the amount has been correctly computed and is payable in accordance with the terms of the War Service Grants Act, 1944 and the regulations issued thereunder.

Prepared by		Checked by		Treasury	
				Checked by	Date

Service Representative

D.N.P.A. CHECK

1	SWG	6
2	SW	7
3	SW	8
4	SW	9
5	SW	10

ACCOUNTS OF MEN DISCHARGED

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

Name DORAN, Patrick Rating Stoker I
Official No. V-2844 H.M.C.S. "OTTAWA" List 5A2/141
Who* D.D. on the 13th September 19 42

Net sum due on ledger on account of Wages.....			106.24
Proceeds of sale of Effects charged against Wages, brought from the other side			
CASH—			
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....	\$	cts.	
Found amongst Effects.....			
Debts collected \$.....			
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		30th
	September, 1942.		charged to.....
Name of ship from which transferred.....	"OTTAWA"		
Total†.....			106.24

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 HMCS "OTTAWA" amounting to a net balance† Creditor of One Hundred Six dollars Twenty Four cents.

Dated on board H.M.C.S. "AVALON" at St. John's Newfoundland this 13th day of November 19 42

Approved [Signature] Pay. Lieutenant Commander, RCNVR Accountant Officer
[Signature] Pay. Lieutenant, RCNVR Initials of the Assistant Accountant Officer
[Signature] Lieutenant Commander, R.C.N. Commanding Officer.

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

Signature.....

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

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

C.N.S. 46

10m-10-40 (7450)
H.Q. N.S. 815-9-45

23

DISTRIBUTION OF SERVICE ESTATES

Naval - Military - Air Force

XXXXXXXXXXXXXXXXXXXX

Name _____ No: _____
Surname Christian Names
DORAN PATRICK D. V. 2844

Sto. I :
Rank : Unit : Date of Death :
Pvt. H.M.C.S. "Ottawa" 15-3-42

AMOUNT

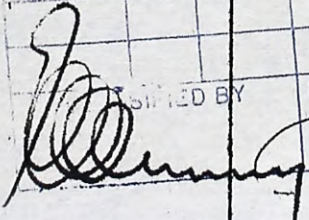
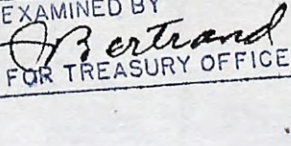
L. P. C. \$

Date _____ Other Credits 106.24

Total
106.24

March 9, 1943.

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	Father	Arthur Doran, Newcastle, N.S. (next of kin entitled)	53.12
1/2	Mother	Mrs. Beatrice G. Doran, (as above)	53.12

AUTHORITY							AMOUNT	
H.O. F.E. No.	DIV	EST	VOTE	PRI	DA OR HO SUB	OBJ.		
9999			831	00	50	000	106	24
SIGNED BY 							EXAMINED BY 	
							TOTAL	

Distribution approved and authorized.

AUDITED FOR PAYMENT

E.C. per J2.
for Chief Treasury Officer

L.M. Firth
(L.M. Firth) Lt.-Col.,
Administrator of Estates.

LA:RK

File: N.S. 113-D-1103

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

Ottawa, Canada,

September 26th, 1942.

(Date)

Sir:

The following casualty has been reported -

NAME DORAN, Patrick Dixon, RANK or RATING Stoker 2nd class, NAVAL NO. V-2844, R.C.N.V.R. 17

DATE OF ENLISTMENT - July 26th, 1941, (Active Service Aug. 7th, 1941.)

DATE OF DISCHARGE - September 13th, 1942.

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 on high seas or elsewhere).

Reason for discharge and when and where any disability was incurred; or where death occurred. "DEAD" - Missing, believed killed in action. He was on board H.M.C.S. "OTTAWA".

(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. Beatrice Doran,

ADDRESS Jane Street, NEWCASTLE, N.B.

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

OFFICER'S OR RATING'S MONTHLY PAY ALLOTTED TO WIFE AND/ OR DEPENDENT

\$ 20.00 still in force PAID TO 20.00 still in force

MARRIAGE ALLOWANCE AT \$ Nil PER DIEM PAID TO Nil

DEPENDENTS ALLOWANCE AT \$ Nil PAID TO Nil

TOTAL MONTHLY PAYMENT TO - WIFE \$ Nil

Computed by [Signature]
Checked by [Signature]

DEPENDENTS \$ Nil

SECRETARY,
NAVAL BOARD

The Secretary,
The Canadian Pension Commission.
Copy to the Sec. D.P. & N.H.

(See reverse side for further instructions.)



Department of National Defence

Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

No. N.S. 113-D-1103

288750

September 26th, 1942.

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:

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
DORAN, Patrick Dixon, Stoker II, O.N. V-2844, R.C.N.V.R.	Missing, believed killed in action on the 13th of September, 1942. He was on board H.M.C.S. "OTTAWA".	Mother: Mrs. Beatrice Doran, Jane Street, NEWCASTLE, N.B.

ALLOTMENTS IN FORCE.

<u>In favour of:</u>		<u>Amount.</u>	<u>Initials.</u>
Mother	Mrs. Beatrice Doran Jane Street Newcastle N.B.	\$20.00	VL DD

WILL: No record.

Yours truly,



R. A. ...
SECRETARY, NAVAL BOARD.

Administrator of Estates,
Estates Branch,
Department of National Defence,
OTTAWA.

P230507

113-8-1103

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.....DORAN, Patrick.....Rating.....Stoker I.....
Official No. V-2844.....H.M.C.S. "OTTAWA".....List 5A2/141
Who*.....D.D.....on the 13th September 19.42

Net sum due on ledger on account of Wages.....

\$ 106.24 cts.

Proceeds of sale of Effects charged against Wages, brought from the other side

CASH—

Proceeds of sale of Effects, paid for in Cash, brought
from the other side.....

Found amongst Effects.....

Debts collected \$.....

\$	cts.

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 30th
September, 1942.

Name of ship from which transferred....."OTTAWA".....

Total.....

106.24

We hereby certify that we have every reason to believe that the above account contains a
true statement of all wages, Effects, and other Credits or Debts on the Ledger of.....H.M.C.S.....

....."OTTAWA".....amounting to a net balance.....Creditor.....
of.....One Hundred Six.....dollars.....Twenty Four.....cents.

Dated on board H.M.C.S. "AVALON".....at St. John's
Newfoundland.....this 13th.....day of November 19.42.....

Approved

A. J. [Signature] Accountant Officer
Pay. Lieutenant, Commander, RCNVR
[Signature] { Initials of the Assistant
Pay. Lieutenant, RCNVR Accountant Officer
Commanding Officer.

Lieutenant Commander, R.C.N.

For Use at Headquarters. \$.....cts.....credited on Inspector's certificate

No.....to.....

Signature.....

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

*State whether discharged on shore, D.D. or Run.

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

C.N.S. 46

10M-10-40 (7450)
H.Q. N.S. 815-9-45

NAVAL GENERAL SERVICE ME

NAME IN FULL ROBERT Patrick Nelson.....RANK/RATING Sto 1c...

VERIFIED BY *Theresa Polzin*..... VERIFIED BY

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

NAME/RATING *Star 1e*.....OFF.NO. *2844*.....ADDRESS

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	1	<i>Star</i>
							ATLANTIC	1	<i>Star</i>
							FRANCE G.		
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>@ clasp</i>
							" CLASP		
							WAR 1945	1	<i>Medal</i>
							WAR 1915		

VERIFIED BY *L. Chabot*.....

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

V2844

OFFICIAL NUMBER

NAME DORAN
(Surname)

Patrick Dixon
(Given Names)

OFFICIAL NUMBER

V2844

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Not Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
St. John Div. Str.	Stoker II	26	7	41		V.G.	Sat.	31	12	41							
Duty Div. Hdqrs.	" "	7	8	41	D	V.G.	Sat.	13	9	42							
Stadacona	" "	19	11	41													
Ottawa	" "	17	3	42	85977 Rated Stoker I-17-7-42. 2494 # 232 45												
DISCHARGED	" "	13	9	42	Missing, believed killed in action. C.I.												
GENERAL REMARKS																	
X-Ray App. Camp Hill Hospital-Possible peptic Ulcer. 8-12-41--16-1-42																	
AWARDED MEMORIAL CROSS to MOTHER: Mrs Beatrice Doran, Jane Street, Newcastle, N.B.																	

DEPARTMENT OF VETERANS AFFAIRS
D OF D 13-9-42

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

DORAN	Patrick Dixon	Sto. 1/c. V-2844	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE
			C.A.S.F. UNIT

WAR SERVICE

BADGE

CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	9631
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



107319 Can. B. 207
100 M-11-40 (7881)
N.S. 815-2-207
1132-1103
N.S. CANADA

Certificate of Medical Examination of Officers, Men and Boys
NAVAL SERVICE OF CANADA
(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined DORAN, Patrick Dixon
‡ candidate for entry as Officer R. C. N. V. R. Temp.
and I believe him to be * in all respects fit for His Majesty's Service. } He has signed
unfit for His Majesty's Service for the reason stated below. }
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 { Years Months	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revac- cinated 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. deficient and No. defective, if any), Nose, Tonsils, etc.	(o) Anus, Hemorrhoids, etc.
18 yrs. 2 months	141	5' 9"	Good.	inches (a) maximum 36 (b) minimum 33 (c) mean 34½	right eye 6/6 left eye 6/6 *colour vision NORMAL	Childhood	Normal	Normal	small scars over left knee. Normal.	Normal	Normal	Normal Testes. Slight left varicocele	3 Deficient 1 defective	Normal.

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

X-ray { Not taken.
Approved.
Positive.
Doubtful.

App.

Write in the appropriate notation, and any remarks necessary.

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.

Patrick Dixon Doran

Signature of Candidate

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

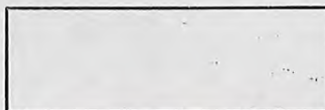
‡ Strike out if inapplicable.

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

This Candidate is the subject of.....

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

IF REJECTED
insert here
UNFIT
in block letters



Dated at Saint John, N.B. the 26th of July 1941

W. T. MacKinnon
Examining Medical Officer

(Rank) Surg. Lt. R. C. N. V. R.



CANADA

107317

N. V. 5
25M-9-40 (6793)
N.S. 815-11-5

NATIONAL DEFENCE

AUG 10 1941

N.S. 11301103
CANADA

ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Moran OFFICIAL NO. 12844
CHRISTIAN NAMES Patrick Dixon MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS		RELIGION
<u>Jane Street, Newcastle, N.B.</u>		<u>Roman Catholic</u>
DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>16 May, 1923</u>	Town <u>Newcastle</u>	<u>Mother -</u>
*Original Nationality of:	County <u>Northumberland</u>	<u>Beatrice Moran</u>
Father <u>Irish</u>	Province <u>New Brunswick</u>	<u>Jane Street</u>
Mother <u>Irish</u>		<u>Newcastle, N.B.</u>

*If not the son of natural born British parents, particulars to be given at foot of next page.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>36</u>	<u>Dark</u>	<u>Blue</u>	<u>Fair</u>	<u>Small scar</u>
Inches <u>9</u>	Deflated <u>33</u>	<u>Brown</u>			<u>over left</u>
	Mean <u>34.5</u>				<u>knave</u>
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
<u>26 July, 1941</u>	<u>Stoker II</u>	<u>Labourer</u>			
R.C.N.V.R. Division (or other establishment) at which enrolled <u>Saint John</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
			Personnel Records Division.
(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unsuitability.		1. Noted in Records <u>MM</u>	
		2. Index Card <u>J.B.</u>	
(4) That the particulars contained above are correct and true according to the best of my knowledge and belief.		3. Medical Card <u>J.B.</u>	
		4. Statistical Card <u>J.B.</u>	
		5. Pension Card <u>J.B.</u>	
		6. Pension Card <u>J.B.</u>	
		7. <u>J.B.</u>	
		8. <u>J.B.</u>	
		DATE	

ENTERED IN PAY LEDGERS

H.M.C. S. "BYTOWN"

FAIR

ROUGH

3.9.41

(3) On being enrolled as a member of the Saint John 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 26th day of July 1941

Signature of applicant Patrick DeLeon Doran

(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 26

day of July, 1941

RD Munro Lieut RCNVR
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Patrick DeLeon Doran 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 Patrick DeLeon Doran

Witness RD Munro

Date 26 July 1941 Rank Lieut RCNVR Temp

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

(E) CERTIFICATE OF ATTESTING OFFICER

Patrick DeLeon Doran 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 Saint John Division of the R.C.N.V.R. or in the appropriate official documents.

RD Munro Lieut
Attesting Officer.

26th July 1941 R.C.N.V.R. Division (or other establishment) Saint John

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.

COPY
2844

CERTIFICATE of the SERVICE of

Patrick Dixon D O R A N

3-DO-43

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
HALIFAX	SAINT JOHN	V.2844.
		"
		"

Date of Birth 16 May 1923.

Place of Birth Newcastle, N.B.

Place of Residence Jane Street, Newcastle, N.B.

Trade brought up to Laborer.

Religion R.C.

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

Beatrice

mother

same address

Can Swim:—P.P.T. Date 19 Signature Rank

P.S.T. Date 19 Signature Rank

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
20-5-41	26-7-41	Host.	Sto.II			

PERSONAL DESCRIPTION								
—	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	9	34½	141	Dark Brown	Blue	Fair	Small scar over left knee.
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

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

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
1941	Saint John Div.			Sto. II	26-7-41	6-8-41	
	ACTIVE SERVICE						
1941	Saint John Div.			Sto. II	7-8-41	24 Nov. 41	
1941	Stadacona			Sto. II	25 Nov. 41	17 incl 42	
	Avalon (Ottawa)			— " —	18 incl 42	16 July 42	
1942	— " —			Sto. I	17 July 42	13 Sep 42	D.D.

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

DISCHARGE

Signature _____[illegible]

Patrick Dixon D O R A N

Name.

Conduct

[illegible]

ESTATES BRANCH

March 30, 1943

Mrs. Beatrice C. Doran
Jane Street
Newcastle, N.B.

DORAN, Patrick D. Sto.11 (Deceased)
No. V.2844 R.C.N.V.R.

Dear Mrs. Doran:

Enclosed herewith please find Dominion of Canada ✓
cheque No. A57070 dated the 19th of March, 1943 payable to your
order in the amount of \$53.12.


The total of your deceased son's Service estate
available for distribution was \$106.24 and was made up entirely
of balance of wages.

Your son died without having made a Will and his
Service estate is, therefore, distributed in accordance with the
Intestacy Laws of the Province in which he was domiciled. Accordingly
it is distributed in the proportion of one half to yourself, his mother
and the remaining half to his father. The enclosed cheque covers your
share in this estate as one of the next of kin entitled.

There were no personal effects received at this
Branch for distribution.

Will you please sign the enclosed Receipt Form ✓
and return same to the Administrator of Estates, Department of
National Defence, 308 Sparks Street, Ottawa, Canada.

Yours faithfully,


(L.M. Firth) Lt.-Col.,
Administrator of Estates



HRW/SR

April 2.

A large, stylized red handwritten mark, possibly a signature or initials, located at the bottom center of the page.

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. Avalon at St. Johns. Newfoundland.

Name (Cristian names in full) DORAN, Patrick Dixon

Rank or Rating STOKER Official Number V-2844
(If unknown, date of first entry)

Place of birth Newcastle, N.B. Date of birth 16th May 1923

Occupation in Civil Life Laborer Religion R.C.

Number of years service in the Navy (Long Service R.C.N. or mobilized
service in the case of R.C.N. (Temp) Reserve ratings)
1 year 38 days (Active Service)

Date of Death 13 Sept. 1942 Place of Death At Sea

Cause of Death Enemy Action--Loss of H.M.C.S. Ottawa

Nearest known relative of friend } Name Beatrice Doran Relationship (Mother)
Address Jane Street
Newcastle, N.B.

Date on which the above was informed by ship Not Known

Date on which death was registered with local Officials Not Known

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 No burial Date of Burial
(If known) (If known)

Location, Number etc. of Grave
(If known)

Underraker employed
(If any)

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

Lieutenant Commander R.C.N.
COMMANDING OFFICER

The Secretary
Naval Board, Ottawa, Canada

9 Oct. 1942

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

MEMORANDUM FOR

P. 64

.....Mrs. Beatrice Doran,.....
.....Jane Street,.....
.....Newcastle, N.B.
.....

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

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO
ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q. L13-D-1103 FD.225.....

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

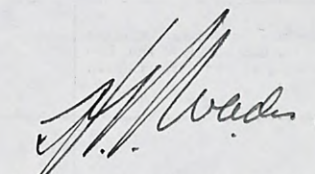
.....October 8.....1942....

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

.....DORAN, Patrick D., Sto. II.....

.....No. V.2844, R.C.N.V.R.
.....

.....
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 or Local
Magistrate, who should be asked to complete and sign the Certificate. This form
should then be returned to the above address.


(H.R. Wade) Lt.-Cdr. RCNVR,
for (L.M. Firth) Lt.-Col.
Administrator of Estates.



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.....		None		
2	Children of the Deceased and dates of their Births.....		None		
3	Father of the Deceased.....		Arthur Doran	62	Newcastle, N. B..
4	Mother of the Deceased.....		Beatrice C. Doran,	55	Newcastle, N. B.
5	Brothers of the Deceased	Full Blood	Arthur Doran, Jr. Kenneth Doran, Morrissey Doran, Reginald Doran,	29 27 25 16	Newcastle, N. B. Halifax, N. S. Valleyfield, Que.. Newcastle, N. B.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Marie Doran, Marjory Doran, Maureen, Doran,	31 12 9	Ottawa, Canada, Newcastle, N. B. Newcastle, N. B.
		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?	Patrick Dixon Doran
11	Give the month and year of his birth.	May 16th, 1924
12	Where and when were his parents married?	Redbank, N. B. Oct. 20, 1909
13	Was he ever married? If so, state exact place and date of marriage.	No
14	Did he leave a (later) Will? If so, it should be forwarded.	No
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	No

PARTICULARS OF DOMICILE

16	Where was deceased born?	Newcastle, N. B.
17	In what Province, Country or State did he reside, and in which last?	New Brunswick
18	How long in each?	Lifetime
19	What was the nature of his employment?	School pupil until enlistment
20	Did he own the house or homestead in which he lived? If so, where?	No
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	No
22	State <u>your</u> postal address in full.	Newcastle, N. B.

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	No

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

(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

* Motherof the deceased.

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

Beatrice C. Doran

{Signature
of
Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Beatrice C. Doran.....

*See above { Name of Informant } is the * Motherof 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 Newcastle, N. B. this 14th day of October, 1942..

Signature of Clergyman,
Priest or Magistrate }

J. H. Whalen

Qualification.....

Barrister-at-Law.

Address..... Newcastle, N. B.

NOTE—Before granting the above Certificate, care should be taken to see that the Informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address of each surviving Relative enquired after is stated in its proper place in the Statement opposite.

W.S.G. Application No. 5362

TO: D.N.P.A. "G"

FILE NO. V-2844

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

DORAN, Patrick Dixon ✓ V-2844 ✓ Sto 1/c ✓
SURNAME CHRISTIAN NAMES OFFICIAL RANK OR RATING
IN FULL NUMBER ON DISCHARGE

CAUSE OF DISCHARGE: Dead ✓

Application made by mother of Deceased
in receipt of P.P. 20.00 at time of Doran's death

TOTAL SERVICE
Date of Active Service 7 Aug 1941 ✓
Date of Discharge 13 Sep 1942 ✓
Total No. of Days 403 ✓
Less non qualifying service — ✓
Total Days 403 ✓
365
25
13
403

OVERSEAS SERVICE
% Total No. of Days 180 ✓
Less non qualifying service — ✓
Total Days 180 ✓

Record of Service in other Forces (per Naval Records)
Branch of Service nil ✓
Date of Active Service _____
Date of Discharge _____
& % Overleaf _____

Computed By 7th
Checked By 7th

DATE: FEB 2 1945

J.B. McGregor
for (H.B. Money)
Payr. Cmdr. R.C.N.R.
Director of Personnel Records

NON QUALIFYING SERVICE

Overseas

(#) Date	Reason	No. of Days	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
Total Days			

(%) OVERSEAS SERVICE:

Where Serving Ottawa From 18 Mch '42 To 13 Sep '42 No. of Days 180

14
20
31
30
31
31
13
180

5362

PARTICULARS OF DEAD OR MISSING PERSONNEL
WITH REGARD TO PAYMENT OF WAR SERVICE GRATUITY

Name of Deceased Member Patrick D. DORAN Rank or Rating Sto 1c O.No. 2844 ✓

1. Dependents' Allowance and Assigned Pay in force at date of death:

D.A. _____

A.P. 20⁰⁰

D.A. _____

A.P. _____

Mrs. Beatrice Doran
(mother)

2. Pension awarded or being awarded to:

No record of pension

3. War Service Gratuity Application(s) received from:

Mrs. Beatrice C. Doran
Box 73,
Newcastle, N.B.

In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authority of the Minister of Veterans Affairs, application(s) for War Service Gratuity in respect of the service of the above named deceased member may be dealt with as follows:

() To be paid to:

In the proportion of: /

- and -

to:

In the proportion of: /

(X) To be referred to the Dependents' Allowance Board for decision as to dependency within the spirit and intent of the War Service Grants Act, 1944, observing this application(s) is classed under:

Group "B" (ii)

~~Group "C"~~ of the above mentioned Directive.

Date 16/3/45

J. H. [Signature]
for D.N.P.A. (G) [Signature]

*621
5/3/45 for [Signature]
D.N.P.A. (G) [Signature]*

DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)

6179

C.N.S. 2417
10M-9-39
N.S. 815-9-2417

APPLICATION FOR ENTRY IN THE ROYAL CANADIAN NAVY
NEWCASTLE N.B.

The Naval Secretary,
Department of National Defence,
OTTAWA.

(Place)
FEBRUARY 9, 1940.
(Date)

SIR:-

I hereby make formal application for entry in the Royal Canadian Navy, under a seven years' continuous service engagement as a Boy Seaman.

(Insert rating chosen)

I certify that the following particulars are in my own handwriting and are true in every respect:

1. Name (to be given in full in Block Letters) PATRICK DIXON DORAN.
2. Date of Birth (Birth Certificate or sworn declaration by parent or guardian must be attached) 16th May 1924.
3. Place of Birth. Town Newcastle, Province New Brunswick.
4. Permanent Place of Residence. No. _____ Street _____
Town Newcastle, Province New Brunswick.
5. Are you a British Subject? Yes.
6. How long have you resided in Canada? Life
7. What is your Mother Tongue? English
8. What other language do you speak? Nil
9. Are you of the White Race? Yes.
10. Are you Single, Married or a Widower? single
11. How far advanced educationally are you? eight grade.

(Certificates of School Authorities must be attached)

12. What practical experience have you had?
(Details and certificates from employers, trade credentials, etc., must be attached to substantiate employment reported.)
Student

13. Do you belong to any Naval, Military, Air or Police Force? No.
14. If so, give details.
15. Have you ever served in such forces? No.
16. If so, give dates and details.
17. Have you ever been discharged from His Majesty's Forces as medically unfit? No.
18. Have you ever offered to serve in His Majesty's Forces and been rejected? No.
Why? _____

19. Have you ever been convicted of a criminal offence? No.
(Enclose two character references, one of which must confirm your answer to Question 19)
20. What is your weight? 140 lbs. Height 5ft 7 1/2 in Chest Measurement (Not inflated) 35 in
21. Have you ever had fits? No.
22. Do you suffer from any deformity? No.
23. Have you suffered the loss of any fingers, toes, etc.? No.
24. Do you suffer from any disease? No.
25. Do you wear glasses? No.
26. Are you subject to any disability which might cause your rejection? No.

27. Give details.
28. Are you willing to be vaccinated and inoculated as considered necessary by the appropriate authorities? Yes
Patrick D. Doran
Signature of Applicant

CERTIFICATE TO BE SIGNED BY THE PARENT OR GUARDIAN OF CANDIDATES UNDER 21 YEARS OLD

I agree to refund to the Department of National Defence the expenses incurred by that Department for transportation to a Naval Base of the above applicant, should he, on arrival at such Base, fail to enrol for seven years' continuous Naval Service for reasons which in the opinion of the Department are within his own control. Signed and Sealed at Newcastle N.B.

this 9th day of February, 1940, in the presence of
Patrick D. Doran
Signature of Parent or Guardian

CERTIFICATE TO BE SIGNED BY CANDIDATES OVER 21 YEARS OF AGE

I agree to refund to the Department of National Defence the expenses incurred by that Department for my transportation to a Naval Base, should I, on arrival at such Base, fail to enrol for seven years' continuous Naval Service for reasons which in the opinion of the Department are within my own control.

Signed and Sealed at _____, this _____ day of _____, 19____, in the presence of _____
Signature of Witness
Signature of Candidate

OCCUPATIONAL HISTORY FORM

107318 1341

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 James Dixon (b) Reg'l. No. NS
2. (a) Arm of service Army (b) Unit RCNVR (c) Rank Staff
3. (a) Date of birth 16 May 1922 (b) Have you any dependents? No (c) Place of residence at time of enlistment Newcastle
4. (a) Place of enlistment Point St Charles (b) Date of enlistment 26 July 1941

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 19 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Grade 8
7. If you attended a university, give name of university and standing or degree secured No
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? No (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? 4 years
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) NOT 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? Yes
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked Household man (b) State how long you had worked at this trade or occupation 1 year
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified None
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment 25 July 1941
15. Give details of last employer, if any: Name James Dixon Address Newcastle
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) None
17. (a) If your last employment was in a business of your own, state nature and address of business None (b) Date of discontinuing it None

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 None Address None
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) None
20. (a) Your specific occupation None (b) Number of years' experience at this occupation with any employer None
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? No

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

22. (a) State nature of business, or professional practice None (b) Where was it located? None
23. (a) Number of years engaged in this business None (b) Have you made, or will you make plans to return to the same or a similar business on discharge? No

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? No (c) If so, in what kind of farming? None
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience? None

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) None
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form None

DATE 26 July 1941 194

SIGNATURE James Dixon



Copy To
VWJ
ES

AUG 22 1941

19th September, 1942.

AIR MAIL

Dear Madam:

13

It is with deep regret that I must confirm the telegram of the 18th September from the Minister of National Defence for Naval Services informing you that your son, Patrick Dixon Doran, Stoker II, R.C.N.V.R., O.N. V.2844, is missing believed killed in action.

It is in the public interest that the name of his ship and the fact that she has been in action should not find its way to the enemy until such time as it is decided to publish the fact in a Naval Casualty List. It is therefore requested that this news, other than the fact that your son is missing, may be treated as confidential.

Please allow me to express sincere sympathy with you in your bereavement on behalf of the Minister of National Defence for Naval Services, 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. Beatrice Doran,
Jane Street,
NEWCASTLE, N.B.

