

V331  
MURPHY



# OCCUPATIONAL HISTORY FORM

NATIONAL DEFENCE  
131183  
SEP 18 1941  
N.S. 113-M 2974  
CANADA

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 GERALD W. MURPHY (b) Reg'l. No. 331  
 2. (a) Arm of service Infantry (b) Unit 1st Canadian Infantry Bn (c) Rank Sgt  
 3. (a) Date of birth 24/11/1914 (b) Have you any dependents? No (c) Place of residence at time of enlistment Halifax  
 4. (a) Place of enlistment Halifax (b) Date of enlistment 19/1/41

PLEASE  
LEAVE  
BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (b) Were you attending school or college up to the time of enlistment? Yes  
 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? No  
 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? No  
 12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked No (b) State how long you had worked at this trade or occupation No  
 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified No  
 14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment No  
 15. Give details of last employer, if any: Name No Address No  
 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) No  
 17. (a) If your last employment was in a business of your own, state nature and address of business No (b) Date of discontinuing it No

## 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 Canada Post Address Halifax  
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Post Office  
 20. (a) Your specific occupation Postman (b) Number of years' experience at this occupation with any employer 1 year  
 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 No (b) Where was it located? No  
 23. (a) Number of years engaged in this business No (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? No  
 25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? No (c) In what provinces did you have experience? No

## 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 No

DATE 1/11/41 194

SIGNATURE Gerald W. Murphy





Copy To  
VWD  
ES

SEP 29 1941



MEMORANDUM FOR

P. 64

MRS. MAUDE MURPHY

228 MAYNARD STREET

HALIFAX N.S.

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-M-2974 fd 167

DEPARTMENT OF NATIONAL DEFENCE  
OTTAWA, ONT.

OCTOBER 14th, 1942. 194

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

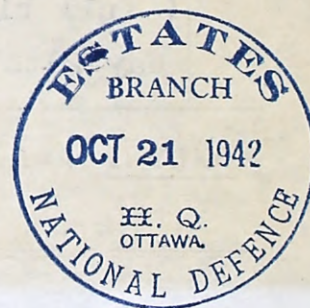
MURPHY, Gerald William, O.S.

O.N. V.331, 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, 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.

(H.R. WADE) LT. COMMANDER  
FOR (L.M. FIRTH) LT. COLONEL

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.

Degree 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.....	Harry Joseph Murphy	48	228 Maynard ST
4	Mother of the Deceased.....	Maude E Murphy	44	228 Maynard ST
5	Brothers of the Deceased	Full Blood Harold Joseph Murphy	20	228 Maynard St.
		Half Blood _____		
6	Sisters of the Deceased	Full Blood Greta A. Murphy	18	228 Maynard St.
		Half Blood Margaret (Mrs. William Battie)	25	178 Agricola St.
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	
	Ceril B. Murphy ( full blood) May 28th 1928	_____	_____	

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).....		James Murphy in the 50's 56 Maitland St. N.S. Edward Murphy 56 Maitland St. N.S. Katherine Grover Mrs. 62 Mitchem Surrey England Lou Kennedy Mrs. 51 Montreal Quebec Canada Sadie Wornell Mrs. 47 61 Maynard St. Halifax William Pierce 49 56 Bilby St. Halifax Same Mother but Different Fathers MAE Schnare Mrs. 38 222 Maynard St. Halifax Lottie Parsons Mrs. 35 105 Dublin St. Halifax Charles E. Hurshman 38 105 Dublin St. Halifax



# FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Gerald William Murphy
11	Give the month and year of his birth.	April 24th 1920
12	Where and when were his parents married?	St. Patrick's Church 1916
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.	_____
15	Did he leave a bank account? If so, give full particulars.	_____
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	9 War Sa ving Certificates
17	State <i>your own</i> postal address in full.	Mrs. Maude E. Murphy 228 Maynard St. Halifax City N.S.

## PARTICULARS OF DOMICILE

18	Where was deceased born?	Halifax City N.S.
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.	Halifax City N.S. 22 yrs.
20	What was the nature of his employment?	Freight Porter.
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. <i>debts</i>
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.)	

(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

\* *mother in* of the deceased.

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

*Mrs Maude M. McKee*

{ Signature of Informant

# CERTIFICATE

I hereby certify that, to the best of my knowledge and belief *Mrs Maude*

\*See above

*Murphy* { Name of Informant } is the \* *mother* 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 *Halifax* this *28th* day of *October* 19 *42*

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

*Donald J. McPherson*

Qualification *Catholic Priest*

Address *St Patrick's Glebe, Halifax, Nova Scotia*

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



35-96

JVM



CANADA

N. V. 5  
15M-2-40 (4047)  
N.S. 815-11-5

## ATTESTATION FORM

## FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME MURPHY OFFICIAL NO. ....  
CHRISTIAN NAMES Gerald William MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS		RELIGION
228 Maynard St., Halifax, N. S.		R.C.
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
24th April, 1920.	Town <u>Halifax,</u> County <u>Halifax,</u> Province <u>N. S.</u>	Mrs. Maud Murphy, (Mother) 228 Maynard St., Halifax, N. S.

## PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
5 Feet.....	Inflated..... 34	Brown	Blue	Fair	Scar on right leg.
10 Inches.....	Deflated..... 32				
142	Mean..... 33				
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
11th Sept. 1941. Divisional Strength	Ord. Smn. (Temp)	Freight Handler			

## (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 XXXV XV XV XV XV XV XV XV XV XV XV 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
	N I L		

- (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.



(5) On being enrolled as a member of the Halifax Division of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself and/or duration of Hostilities

(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 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.

Dated this 11th day of September, 1941.

Signature of applicant X Gerald W. Murphy

(C) CERTIFICATE OF DIVISIONAL 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 11th day of September, 1941.

H. Penner  
Signature of Commanding Officer.  
Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, Gerald William Murphy 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 X Gerald W. Murphy

Witness H. Penner

Date 11th September, 1941. Rank Lieutenant, R.C.N.V.R.

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

Gerald William Murphy 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 Halifax, Division of the R.C.N.V.R.

H. Penner  
for Commanding Officer.  
Lieutenant, R.C.N.V.R.

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.





131182

DEPT  
NATIONAL DEFENCE

SEP 18 1941

N.S. 113-m-2974

Can. B. 207

60M-4-40 (4636)  
N.S. 815-2-207

# 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 MURPHY Gerald William  
candidate for entry as Q/sep V.R.  
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.  
unfit for His Majesty's Service for the reason stated below.

†Strike out if inapplicable. \* Delete one.

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

Age (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or revac- cinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	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. (p)
21-5	142 lbs.	5.10 ft. ins.	Good.	34 inches (a) maximum 32 (b) minimum 33 (c) mean	right eye 6/9 left eye 6/6 colour vision N	C. B.P. = 125/70 *X-Ray app	N	N	N	N	N	N	Throat - mod. injected Has a cold at present	N

\*Insert either:—NT (not taken) App. (approved) Pos. (positive) or Doubt. (doubtful)

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

### 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.

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

Gerald W Murphy  
Signature of Candidate

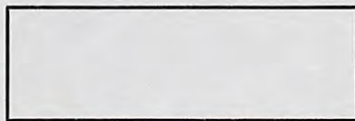
When a Candidate is subject to a defect or disability, the following information is to be inserted:

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 Halifax the 8 of SEP 1941 19

J. W. Meachie  
Examining Medical Officer

(Rank).....

**SURGEON LIEUT.**



DEPARTMENT OF VETERANS AFFAIRS

DECEASED 13 September 1942

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

MURPHY, Gerald William		Ord Smn	V 33I	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	2827
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



MEDALS AND MEMORIALS—DECEASED PERSONNEL

HMCS "OTTAWA" Apr./43. R.C.N.V.R.

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO Mr. H.J. Murphy - Father

ADDRESS: ~~XXXXXXXXXXXX~~ Williams Lake Road,  
~~XXXXXXXXXXXX~~ Spryfield, Halifax Co.,  
N.S. 16/11/49

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

ADDRESS: Mrs. M. Murphy  
228 Maynard Street  
HALIFAX, N.S.

MEMORIAL BAR

(1) DATE DESP.

REGN. NO.

1011

(2)

(3)

25 November 1942



# CERTIFICATE of the SERVICE of

Gerald William MURPHY

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <b>V331</b>
<b>Halifax, N. S.</b>	<b>Halifax, N. S.</b>	"
		"

Date of Birth **24 April 1920.**

Place of Birth **Halifax, N. S. Halifax Co.**

Place of Residence **228 Maynard St. HX 3 5**

Trade brought up to **Freight handler.**

Religion **R.C.**

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

*Maud (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	
<b>Divisional Strength.</b>	<b>11 Sept. 1941.</b>	<b>Host.</b>	<b>O/Smn.</b>			

PERSONAL DESCRIPTION								
—	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	10	35	142	Brown	Blue	Fair.	Scar on right leg.
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



1 apl.

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
1941	Halifax Div.			O/Smn	11 Sept.	30 Sep	
				Active Service			
1941	Stadacona			O/Smn	1 Oct	12 Nov '41	
	N. C. / C. by duty			- " -	13 Nov '41	1 Jan '42	
1942	Stadacona			- " -	2 Jan '42	9 Mch '42	
1942	Ottawa			- " -	10 Mch '42	13 Sep '42	D. D.

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

[illegible]

## NAV

[illegible]

EXAMIN

Date

7 Mar '42



## NAVAL TRAINING and ACTIVE SERVICE

TO	CAUSE OF DISCHARGE
30 Sep	
incl	
12 Nov '41	
1 Jan '42	
9 Mar '42	
13 Apr '42	D. O.

[illegible][illegible][illegible]



## Conduct

[illegible]







WAR MEDAL, C.V.S.M. and CLASP.  
VICE MEDAL (1915).



# 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 Murphy, Gerald Rating O/Smn.  
Official No. N.K. H.M.C.S. "OTTAWA" List 5/2/519  
Who\* Discharged Dead on the 13th September 1942

Net sum due on ledger on account of Wages.....	\$	cts.
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—	\$	cts.
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....		
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) <u>Twenty dollars</u> charged to <u>30 Sep.</u>		
Name of ship from which transferred..... <u>Ottawa</u>		
Total†..... <u>Creditor</u>		<u>65.66</u>

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†..... SIXTY FIVE DOLLARS AND SIXTY SIX CENTS Creditor  
of..... Sixty five dollars..... sixty six cents.

Dated on board H.M.C.S. "AVALON" at St. John's,  
Newfoundland this Thirteenth day of November 1942

Approved [Signature] for Accountant Officer  
A/ Pay. Lieutenant, R.C.N.V.R. Initials of the Assistant Accountant Officer  
[Signature]  
Lieut. Commander, R.C.N. Commanding Officer. PAY, LIEUTENANT R.C.N.V.R.

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



# STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. " OTTAWA " ending 30 Sep 19 42

List 5-2 No 519 (Name) MURPHY, Gerald Rank Rating O.SMN No. 1

When entered F.B. Date of appearance 13 Sep '42 Whither discharged D.D.

		\$	c.
CREDIT from former account			.66
Pay as	O.Smn. from 1 July to 30 Sep (92 days at \$1.50 a day)	138.00	
"	H.N.M. " " 13 Sep (22 " .10 " )	2.20	
"	G.M. " " " (75 " .06 " )	4.50	
"	" " " ( " " " )		
"	" " " ( " " " )		
Kit Upkeep Allowance 1/10/42		-	-
OTHER CREDITS:			
Total credits		150.66	
DEBT from former account			
PAYMENTS:—	1st 2nd 3rd 4th 5th		
	\$ c. \$ c. \$ c. \$ c. \$ c.		
1st month	25.00		25.00
2nd month			
3rd month			
Total			
Total			
Total			
Allotment 20.00 Charged July Aug Sep		60.00	
Pension deduction (Officers) charged to of			
Hospital stoppages			
Mulcts			
OTHER CHARGES:			
Total debits		85.00	
Balance Cr. or		65.66	
(Balance Dr. to be shown in red)			

Number of days actually victualled during period mentioned above 75

NOT VICTUALLED

LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
	FROM	TO		

Date 13 Nov 19 42

PAY LIEUT RGNVR for ACCOUNTANT OFFICER



LA:RK

- NAVAL SERVICE -

113-M-2974 -

9th December, 1942.

19

THIS IS TO CERTIFY that according to official information Gerald William Murphy, Ordinary Seaman, Official Number V-331, Royal Canadian Naval Volunteer Reserve, is missing, believed killed in action to date the 13th of September, 1942. He was on board H.M.C.S. "OTTAWA" which has been reported lost.

SECRETARY, NAVAL BOARD.

*Red*  
*ca*

*Howe*



LA/IF

File: N.S. 115-M-2974

DEPARTMENT OF NATIONAL DEFENCE  
- Naval Service -

Ottawa, Canada,

5 October, 1942.

(Date)

Sir:

The following casualty has been reported -

NAME MURPHY, Gerald William RANK or RATING Ordinary Seaman, NAVAL NO. V.331, R.C.N.V.R.

DATE OF ENLISTMENT 11 September, 1941. Active Service: 2 October, 1941.

DATE OF DISCHARGE - 13 September, 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. Maude Murphy

ADDRESS 228 Maynard Street, HALIFAX, N.S.

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 PAID TO Still in force

MARRIAGE ALLOWANCE AT \$ Nil PER DIEM PAID TO - Nil

DEPENDENTS ALLOWANCE AT \$ 20.00 PAID TO Still in force

TOTAL MONTHLY PAYMENT TO - WIFE \$ Nil

Computed by EL 4/10/42 DEPENDENTS \$ 20.00

Checked by 7/6/10/42

The Secretary,  
The Canadian Pension Commission.

Copy to: The Sec., D.P. & N.H.

SECRETARY,  
NAVAL BOARD.

(See reverse side for further instructions.)



"A".....1785✓

ORIGINAL  
M for "H"

DEPT. NATIONAL DEFENCE  
OCT 11 1947  
N.S. 113- M-2974  
CANADA  
H.Q. File No.....

DECLARATION OF ALLOTMENT

9

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
STADACONA DIV.1 SEC.2 5-2 3373 ✓	Surname MURPHY ✓  Christian Names } Gerald W. ✓	O Smn ✓ R.C N.V.R.	P142469 ✓ O.N.N.K.	\$1.25 ✓

Section A ALLOTMENT NOW DECLARED 325086

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname MURPHY Christian Names } Mrs. Maude E	Mother	228 Maynard St., HALIFAX, N.S.	\$20.00 ✓	NEW OCTOBER ✓

Section B DISPOSAL OF EXISTING ALLOTMENTS (See Note 1 below)  
The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):—
			Initials Date NIL Allotment Declaration Ent'd. on Index Card Ent'd. on Allotment Ledgers 14/10/47

Note 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.  
Note 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

Allotter's Signature authorizing charges *G.M. Murphy*  
O SMN- RCNVR Rank or Rating

ENTERED IN FAIR LEDGER	ENTERED IN ROUGH LEDGER
<i>[Signature]</i>	<i>[Signature]</i>

The allotment now declared has been duly entered in the Fair and Rough Ledgers with effect from the appropriate date. The reduction or transfer has been duly approved by the Commanding Officer and the reasons for the alteration are:—

Assigned Pay to Wives	Object No. 111 \$.....
Assigned Pay to other Dependents	113.....
Marriage Allowance	116.....
Dependents Allowance	119.....
Other Allotments	122 20.00 ✓
Total	\$ 20.00 ✓

*J.A. Sutherland*  
Paymaster Sub Lieutenant, R.C.N.V.R.  
for Accountant Officer

THE NAVAL SECRETARY,  
Department of National Defence,  
(Naval Service)  
Ottawa, Ont.

H.M.C.S. STADACONA  
Forwarded OCT 9 1947

30



10

## DEPARTMENT OF NAVY

NAVY ARMY

## STATEMENT OF WAR SERVICE GRANTS

DECEASED  
MEMBER'S  
NAME

Gerald William

(CHRISTIAN NAMES)

MURPHY

(SURNAME)

REGISTER NO. 2170

FILE NO. NS.V-331

DATE 26th June '45

SERVICE NO. V-331

FINAL RANK OR RATING Ord. 3rd.

DATE OF DISCHARGE 13th Sep '42.

PAYEE

ADDRESS

Director of Estates, for Service Estate of  
308 Sparks St.,  
Ottawa, Ont.

Gerald W. Murphy

NS.V-331

13th Sep '42.

DATE OF TERMINATION OF OVERSEAS SERVICE

## A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 348 EQUAL TO 11 COMPLETE PERIODS AT \$7.50

\$ 82.50

## B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 188 LESS 18 INELIGIBLE DAYS, EQUAL TO 170 DAYS @ 25C. PER DAY

\$ 42.50

## C. SUPPLEMENT FOR OVERSEAS SERVICE

## DAILY RATES AT DISCHARGE

PAY	\$ 1.50
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 1.45
ADDITIONAL PAY H.L.M.	\$ .10

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL	\$ 3.05	X7 = \$ 21.35
NO. OF DAYS 188	X\$ 21.35	

21.94

## D. WAR SERVICE GRATUITY

146.94

## E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

Nil

## F. TOTAL AMOUNT PAYABLE

146.94

## G. YOUR PORTION OF GRATUITY IS—

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

PL 14

\$ 146.94

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

M

CHECKED BY

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.



DISTRIBUTION OF SERVICE ESTATES MMB  
NAVY

Estates Form "P. 4"

Name: MURPHY Surname Christian Names Gerald W. No.: V331

Rank ORD/SMN. Unit HMCS "OTTAWA" Date of Death 13-9-42

AMOUNT

W.S.G. \$ 146.94  
L.P.C. 65.66

Date: 26-7-45

Other Credits

Total 212.60

Prev. dist. 65.66  
This dist. 146.94

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	Father	Harry J. Murphy, 228 Maynard St., Halifax, N.S.	73.47
1/2	Mother	Mrs. Maude E. Murphy, (As above)	73.47
		(As next of kin entitled)	

4. 10 TREAS.  
30/7

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	331	00	50	000	\$146.94
CLASSIFIED BY			EXAMINED BY		
For Chief Treasury Officer					

DISTRIBUTION APPROVED AND AUTHORIZED  
WSG  
(L. M. FIRTH) Colonel  
Director of Estates  
AUDITED FOR PAYMENT  
For Chief Treasury Officer



2170

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

Name of  
Deceased Member Gerald Wm MURPHY Rank or  
Rating O. Smn. O.No. 331

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

D.A. —

A.P. 20.00

D.A. —

A.P. —

Mrs. M. Murphy  
(mother)

2. Pension awarded or  
being awarded to:

No record

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

Mrs. Maude Murphy  
228 Maynard St.,  
Halifax, N.S.

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 19/2/45

J. J. J.  
for D.M.P.A. (G) EPH

B 21  
5/3/45  
D.M.P.A. (H) EPH



TO: D.N.P.A.

FILE No. NS. V331

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

MURPHY, Gerald William V331 Ord. Surr.  
SURNAME CHRISTIAN NAMES OFFICIAL RANK OR RATING  
IN FULL NUMBER ON DISCHARGE

CAUSE OF DISCHARGE: Missing, presumed Dead.

Applicant - Mother - in receipt of A.P. \$20.00 at time  
of Murphy's death, no indication that pension  
has been granted.

TOTAL SERVICE

Date of Active Service 1 Oct. 1941

Date of Discharge 13 Sep 1942

Total No. of Days 348

# Less non qualifying service NIL

Total Days 348

OVERSEAS SERVICE

% Total No. of Days 188

# Less non qualifying service NIL

Total Days 188

Record of Service in other Forces (per Naval Records)

Branch of Service NIL

Date of Active Service

Date of Discharge

# & % Overleaf

Computed By MA 34  
Checked By MA 34

DATE: DEC 4 1944

Heath  
for (H.B. Money)  
Payr. Cmdr. R.C.N.R.  
Officer-in-Charge  
Naval Personnel Records



# NON QUALIFYING SERVICE

Overseas

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

## OVERSEAS SERVICE:

Where Serving From To. No. of Days  
 H.M.C.S. "Ottawa" 10 Mch '42 13 Sep '42 188

22  
30  
11  
30  
31  
31  
13  
188

Total Days

Record of Service in other Forces (per Naval Records)

Branch of Service

Date of Active Service

Date of Discharge

Signature

Checked by  
 Computed by

For (H.B. Jones)  
 Paymaster, R.C.M.C.  
 Officer-in-Charge  
 Naval Personnel Records

DATE



DEPARTMENT OF NATIONAL DEFENCE  
(Naval Service)

C.N.S. 2417  
10M-9-38  
N.S. 815-9-2417

APPLICATION FOR ENTRY IN THE ROYAL CANADIAN NAVY

The Naval Secretary,  
Department of National Defence,  
OTTAWA.

Halifax Nova Scotia  
June 7<sup>th</sup> 1939  
(Place)  
(Date)

SIR:-

I hereby make formal application for entry in the Royal Canadian Navy, under a seven years' continuous service engagement as a Stoker Stoker  
(Insert rating chosen)

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

- Name (to be given in full in Block Letters) GERALD WILLIAM MURPHY
- Date of Birth (Birth Certificate or sworn declaration by parent or guardian must be attached) April 19/1920
- Place of Birth. Town Halifax Province Nova Scotia
- Permanent Place of Residence. No. 228 Street Maynard Street  
Town Halifax Province Nova Scotia
- Are you a British Subject? yes
- How long have you resided in Canada? nineteen years
- What is your Mother Tongue? English
- What other language do you speak? none
- Are you of the White Race? yes
- Are you Single, Married or a Widower? Single
- How far advanced educationally are you? Grade Eight  
(Certificates of School Authorities must be attached)
- What practical experience have you had?  
(Details and certificates from employers, trade credentials, etc., must be attached to substantiate employment reported.)  
Delivery Boy
- Do you belong to any Naval, Military, Air or Police Force? no
- If so, give details. no
- Have you ever served in such forces? no
- If so, give dates and details. no
- Have you ever been discharged from His Majesty's Forces as medically unfit? no
- Have you ever offered to serve in His Majesty's Forces and been rejected? no  
Why? no
- Have you ever been convicted of a criminal offence? no  
(Enclose two character references, one of which must confirm your answer to Question 19)
- What is your weight? 137 Height 6 feet Chest Measurement (Not inflated) 33 1/2 inches
- Have you ever had fits? no
- Do you suffer from any deformity? no
- Have you suffered the loss of any fingers, toes, etc.? no
- Do you suffer from any disease? no
- Do you wear glasses? no
- Are you subject to any disability which might cause your rejection? no

- Give details. no
- Are you willing to be vaccinated and inoculated as considered necessary by the appropriate authorities? yes  
J. Chisholm Gerald William Murphy  
Signature of Witness 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 Halifax N.S.  
this 7<sup>th</sup> day of June 1939, in the presence of  
J. Chisholm Mrs. W.D. Murphy  
Signature of Witness 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.....  
presence of.....  
Signature of Witness Signature of Candidate



ESTATES BRANCH

April 3rd, 1943.

Mrs. Maude E. Murphy,  
228 Maynard St.,  
Halifax, N.S.

MURPHY, Gerald William Ord. Sea. (Deceased)  
No. V.331, HMCS "OTTAWA", RCNVR.

Dear Mrs. Murphy:

Enclosed herewith please find Dominion of Canada  
cheque No.A57990, dated March 26th, 1943, payable to your order ✓  
in the amount of \$32.83.

The total of your late son's Service estate available  
to this Branch for distribution was \$65.66 and was made up entirely  
of the balance of wages.

Your late son died without having made a Will and his  
Service estate is therefore distributable in accordance with the  
Intestacy Laws of his Province of domicile. Accordingly it is divided  
in the proportion of one-half to yourself, his mother, and the remain-  
ing one-half to his father. The enclosed cheque covers your share  
herein 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, Ontario, and oblige.

Yours faithfully,

*[Signature]*  
(L.M. Firth) Lt-Col.,  
Administrator of Estates.

HRW:ET  
*Ans. 2.  
Mw.*







# Department of National Defence

Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

NO. N.S.113-M-2974

5 October, 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:

NAME, RANK/RATING NO.	PLACE, DATE & CAUSE of DEATH	NEXT OF KIN
MURPHY, Gerald William Ordinary Seaman, V.331, R.C.N.V.R.	Missing, believed killed in action on the 13th of Sept., 1942. He was on board H.M.C.S. "OTTAWA".	Mother: Mrs. Maude Murphy, 228 Maynard Street, HALIFAX, N.S.

## ALLOTMENTS IN FORCE.

In favour of	Amount	Initials
Mrs. Maude Murphy	\$ 20.00	E.C. 6/10/42.



WILL: No record.

Yours truly,

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

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



OFFICIAL NUMBER.....V331

DATE OF BIRTH 24 April, 1920

.....OCCUPATION.....Freight Handler

RELIGION.....R. C.

...EDUCATION.....Grade 8

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 228 Maynard Street

Town.....Halifax

.....Province, etc ..... N.S.

## ENGAGEMENTS

### DESCRIPTION

## PREVIOUS SERVICE

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.

BADGES, G.C. OR G.S.

BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES

FILM

NO

DATE \_\_\_\_\_

## SECOND CLASS FOR CONDUCT

From

To

H.Q. 35—30M—5-41 (337)  
N.S. 815—7-35

W. S. G.  
APPLICATION  
2170  
RECEIVED



DATE OF BIRTH						CIVIL OCC.		RELIED	PERM. RESIDENCE		PREV. ENL.	RANK OR RATE ON ENLISTMENT					
DAY	MO.	YR.	DAY	MO.	YR.	MAIN	SUB.	GR.	CITY	TOWNSHIP	SER.	DIV.	A	BR.	RANK		
24	4	20	14			900	0	10	1	4	08	02	0	24	0	05	96
ENLISTMENT DATE						ACT. SERV. DATE		STR.	ACT. SERV. DATE		SHIP CR.		RANK OR RATE				
DAY	MO.	YR.	DAY	MO.	YR.	CAT.			DAY	MO.	YR.	ESTAB.	A	BR.	RANK		
11	09	41	02	10	41							0350	0	05	96		
SENIORITY										NON-SUB		M	CODED		CHECKED		
DAY	MO.	YR.	CAT.	A	B	ST.											
02	10	41	09	00	00	20	13	09	42								