

V27475
PORTER

HAROLD

STEVE

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

Ottawa, Canada,

..... 1. October, 1942.
(Date)

10

Sir:

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
<u>PORTER, Harold Steven</u>	<u>Ordinary Seaman,</u>	<u>V-27475, R.C.N.V.R.</u>
<u>DATE OF ENLISTMENT</u> -	<u>16 June, 1941. Active Service 7 August, 1941.</u>	
<u>DATE OF DISCHARGE</u> -	<u>13 September, 1942.</u>	
<u>HOSPITAL</u> -	<u>(If discharged in hospital under jurisdiction of D.P. & N.H.)</u>	
<u>SERVICE</u> -	<u>Canada and High Seas.</u>	
	<u>(Indicate whether in Canada only; or in Canada and on high seas or elsewhere).</u>	

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 -

<u>RELATIONSHIP</u>	<u>Mother</u>	<u>NAME</u>	<u>Mrs. Maggie Porter,</u>
<u>ADDRESS</u>	<u>296 Durie Avenue, Toronto, Ont.</u>		

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

\$ <u>nil</u>	PAID TO	<u>nil</u>
<u>MARRIAGE ALLOWANCE AT \$ nil</u>	PER DIEM PAID TO -	<u>nil</u>
<u>DEPENDENTS ALLOWANCE AT \$ nil</u>	PAID TO	<u>nil</u>
<u>TOTAL MONTHLY PAYMENT TO - WIFE \$ nil</u>		

Computed by [Signature] 4/1/42
Checked by [Signature] 6/10/42

DEPENDENTS \$ nil

[Signature]
SECRETARY,
NAVAL BOARD.

The Secretary,
The Canadian Pension Commission.

(See reverse side for further instructions.)

Copy to: D.P. & N.H.

DEPARTMENT OF NATIONAL DEFENCE
NAVY SERVICE

OFFICER, JUNIOR

REMARKS:

The following casualty has been reported

NAME OF CASUALTY: _____
RANK OR GRADE: _____
BRANCH: _____

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

DATE OF DISCHARGE: _____
DATE OF DEATH: _____
HOSPITAL: _____
PLACE OF DEATH: _____
CITY AND PROVINCE: _____
COUNTRY: _____
REMARKS: _____
NAME OF REPORTING OFFICER: _____
RANK OR GRADE: _____
BRANCH: _____
ADDRESS: _____
DATE: _____
SIGNED: _____
OFFICER IN CHARGE: _____
DEPARTMENT OF NATIONAL DEFENCE: _____



Department of National Defence

Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

No. 113-P-985

1 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:

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN - Mother:</u>
PORTER, Harold Steven Ordinary Seaman, V-27475, 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"	Mrs. Maggie Porter, 296 Durie Avenue, TORONTO, Ontario.

In favour of

ALLOTMENTS IN FORCE

Amount

Initials

NIL

NIL

NIL

NIL



WILL: No Record.

Yours truly,

R. A. ...
SECRETARY, NAVAL BOARD,
per (signature)

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

Six copies to be rendered to Naval Service Headquarters

113-P-986

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

25

H.M.C.S. AVALON at St. John's, Newfoundland.

Name (Cristian names in full) Harold Steven PORTER

Rank or Rating ABLE SEAMAN Official Number V27475 (If unknown, date of first entry)

Place of birth Hanor, Saskatchewan Date of birth 16th December, 1917

Occupation in Civil Life Assistant receiver Religion UNITED

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) ONE YEAR, 35 DAYS & (ACTIVE SERVICE)

Date of Death 13th September, 1942. Place of Death AT SEA

Cause of Death BUNNY ACTION - LOSS OF H.M.C.S. "OTTAWA"

Nearest known relative or friend Name Maggie PORTER Relationship MOTHER Address 296 - Brie Avenue, Toronto, Ontario.

Date on which the above was informed by ship NOT KNOWN

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 NO BURIAL Date of Burial

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

9th OCTOBER 1942

The Secretary Naval Board, 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., Registrar.

C.N.S. 1121

AUTHORITY							
H.Q. F.E.No.	DIV.	EST.	VOTE	PRI.	D.A. OR H.Q. SUB.	OBJ.	AMOUNT
9999			831.00		50	000	146.72
CLASSIFIED BY		EXAMINED BY				AMOUNT	
<i>[Signature]</i>		<i>Pertrand</i>				146.72	
		FOR TREASURY OFFICER				TOTAL	

over

9/20/50



JUL - 6 1941

N.S. 113P-985
CANADA

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

P 85913

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 PORTER H.
candidate for entry as Ord. Sea. VR.
and I believe him to be * in all respects fit for His Majesty's Service.
unfit for His Majesty's Service for the reason stated below. He has signed
the Certificate given below in my presence.

† Strike out if inapplicable. * Delete one.

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

(a) Age (Years / Months)	(b) Weight without Clothes (lbs.)	(c) Height with Bare Feet (ft. ins.)	(d) General Development	(e) Chest Girth (inches)	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re-vaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
23 / 6	146	5 / 7	Very good	36 (a) maximum 32 (b) minimum 34 (c) mean	right eye left eye *colour vision	1925	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	4 Deficient	NORMAL

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

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

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.

Harold S. Porter

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

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 Toronto Ont. the 13 of June 1941

John A. Maclellan
Examining Medical Officer
(Rank) Surg-Lieut. RCNVR.

VERIFICATION FORM

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

RATING *A.B.* OFF. NO. *V-27475* 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		
							FRANCE G.		
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.		<i>2 + clasp</i>
							" CLASP		
							WAR 1945	1	<i>medal</i>
							WAR 1915		

13-9-42

VERIFIED BY *R. Seguin*
W.S.

BY DIR. OF PERSONNEL RECORDS.

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

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

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

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

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

Dated this.....**16th**.....day of.....**June, 1941.**.....

Signature of applicant.....**Harold S. Porter**.....

(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.....**16th**.....day of.....**June, 1941.**.....

.....**A. M. Linkletter**.....
Signature of and rank of Attesting Officer.
Lieutenant, RCNVR.

(D) OATH OF ALLEGIANCE

I,.....**Harold Steven Porter**.....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.....**Harold S. Porter**.....

Witness.....**A. M. Linkletter**.....

Date.....**16th June, 1941.**.....Rank.....**Lieutenant, RCNVR.**.....

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

(E) CERTIFICATE OF ATTESTING OFFICER

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

.....**A. M. Linkletter**.....
Lieutenant, RCNVR. Attesting Officer.

.....**16th June, 1941.**.....R.C.N.V.R. Division.....**Toronto.**
(or other establishment).....

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.

DECEASED 13 September 1942

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

WAR SERVICE RECORDS

D.D.

PORTER Harold Steven		V-27475	Ord.Smn.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star,	617
C.V.S.M. & Clasp,	
War Medal.	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

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

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mr. Charles S. Porter - Father

ADDRESS: Pine Grove P.O.,
Ontario.

MEMORIAL BAR

(1) DATE DESP.....

REGN. NO. 2104.....

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS
MOTHER

Mrs. Maggie Porter

ADDRESS: 296 Durie Avenue
TORONTO, Ontario

(3) 25 November 1942

V27475

OFFICIAL NUMBER

NAME PORTER
(Surname)

Harold Steven
(Given Names)

OFFICIAL NUMBER V27475

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Div. Str. Toronto	Ord. Smm.	16	6	41		V.G.	Sat.	31	12	41	A/L.R. 3	15	4	42			
Duty Div. Hdqts.	" "	7	8	41		V.G.		13	9	42							
Naden	" "	23	11	41	D												
Stadacona	" "	7	3	42	(194280)												
Ottawa	" "	23	5	42													
"	Able Smm.	7	8	42													
DISCHARGED	"	13	9	42	"Missing believed killed in action." (Casualty List)												

GENERAL REMARKS

X-Ray Approved.
Absent-AM 9/5/42-PM 9/5/42. (6.5976)
Awarded Canadian Memorial Cross to:
Mother-Mrs. Maggie Porter,
296 Durie Ave., Toronto, Ont.
November 24, 1942.

DATE OF BIRTH		PLACE	CIVIL	OCCU	RECEIVED	PERM	RESIDENCE	PREV. ENL.	RANK OR RATE ON ENLISTMENT					
BY	MO	YR	BIRTH	MAIN	SUB	SIGN	P	CTV	TOWN	SERV	DIV.	A	BR	RANK
16	R	17	19	830	0	40	X	1	56	14	0	23	0	08 95
ENLIST. DATE		ACT. SERV. DATE	STR.	ACT. SERV. DATE		SHIP OR	RANK OR RATE							
BY	MO	YR	BY	MO	YR	CAT	BY	MO	YR	ESTAB.	A	BR	RANK	
16	06	41	07	08	41					0350	0	08	95	
SENIORITY		STR.	NON-SUB		M	CORDED								
BY	MO	YR	CAT	A	B	ST	CORDED							
07	08	42	09				20	13	09	42				

V27475

OFFICIAL NUMBER

FILE NUMBER

113-P-985

OFFICIAL NUMBER

V27475

NAME PORTER (Surname) Harold Steven (Given Names) DATE OF BIRTH Dec. 16, 1917.

PLACE OF BIRTH Manor, Saskatchewan OCCUPATION Assistant receiver, Bradshaw's Ltd.

RELIGION United EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 296 Durie Ave., Town Toronto, Province, etc. Ont.

ENGAGEMENTS			Period	DESCRIPTION					PREVIOUS SERVICE		
Date (in figures)				Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates
Day	Month	Year								From	To
16	6	41	H.O.	5'7"	Brown	Blue	Med.	Nil.			

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Margie Porter

ADDRESS (in pencil): Street and No. 296 Durie Ave. Town Toronto Province, etc. Ont.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY			EXAMINATIONS, CERTIFICATES, ETC.								
Date (in figures)			Date (in figures)			Date (in figures)					
Day	Month	Year	Particulars	Day	Month	Year	Particulars	Day	Month	Year	PARTICULARS
				4-5	11	41	Passed E.T. "one" R.C.N.V.R.				
				31	1	42	Qual. Tr.				

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

Date (in figures)			DAYS FORFEITED					In diff. Char.	
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial		
									O.H.F. Received.

SECOND CLASS FOR CONDUCT

From

To

FILM
NO. WAP 5449-7
DATE

W.S.G.
APPLICATION
11544
RECEIVED
6/5/45

MEMORANDUM FOR

P. 64

MRS. MAGGIE PORTER
296 DURIE AVENUE
TORONTO 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-985 fd 67

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

PORTER, HAROLD STEVEN, 6RD. SMN.

O.N. V.27475, 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.W. 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.

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.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....	Charles Sydney Porter	65	296 Durie St., Toronto Ont.	
4	Mother of the Deceased.....	Maggie Porter	55	296 Durie St., Toronto Ont.	
5	Brothers of the Deceased	Full Blood	Frederick Charles Porter Donald Edwin Porter James Sydney Porter Arthur Hedley Porter	29 28 26½ 23	296 Durie St., Toronto. 244 St.; Clarendon Ave., Toronto 296 Durie St., Toronto 296 Durie St., Toronto.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Winnifred Porter	21	296 Durie St., Toronto Ont.
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children		

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?	Harold Steven Porter
11	Give the month and year of his birth.	Dec; 16 th - 1917
12	Where and when were his parents married?	Manor, Sask. June 4 th - 1912
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.	296 Dundas St. Toronto, Ontario

PARTICULARS OF DOMICILE

18	Where was deceased born?	Manor, Sask. Canada.
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.	Sask; 9 months, Ont; 24 years. Canada
20	What was the nature of his employment?	Assistant-Stock-keeper.
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 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

DECLARATION

*In 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 of the deceased.

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

Maggie Porter

Signature of Informant

CERTIFICATE

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

Maggie Porter

*See above

{ 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 Toronto this 16th day of October 1942.

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

Qualification

Notary Public

Address

2881 Dundas St W. Toronto, 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

Present address of James Sydney Porter is as follows:- no 10, S.F.T.S. Dauphin, Manitoba

would like to say deceased has one, ten dollar, war saving certificate.

IG

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

266 2
NAVYDECEASED
MEMBER'S

Harold Steven

PORTER

(CHRISTIAN NAMES)

(SURNAME)

 REGISTER NO. 11544
 FILE NO. NS.V-27475
 DATE 17th July '45
 SERVICE NO. V-27475
 A.B.
 FINAL RANK OR RATING
 DATE OF DISCHARGE 13th Sep '42
PAYEE
ADDRESS
 Director of Estates, for Service Estate of
 308 Sparks St., Harold S. Porter,
 Ottawa, Ont. NS. V-27475

DATE OF TERMINATION OF OVERSEAS SERVICE

13th Sep '42

DATE OF DISCHARGE

13th Sep '42.

A. TOTAL QUALIFYING SERVICE

 NO. OF DAYS 403 EQUAL TO 13 COMPLETE PERIODS AT \$7.50
30

\$ 97.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 114 LESS 13 INELIGIBLE DAYS, EQUAL TO 101 DAYS @ 25C. PER DAY

25.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$ 1.85	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 1.45	
ADDITIONAL PAY H.L.M.	\$.13	
L.R.III	\$.10	
	\$	
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$	
TOTAL	\$ 3.53	x7 = \$ 24.71
NO. OF DAYS	114	x\$ 24.71
	<small>183</small>	

15.39

D. WAR SERVICE GRATUITY

138.14

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

F. TOTAL AMOUNT PAYABLE

N.P.L. 34

138.14

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$	OF \$	= \$ 138.14
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

W

CHECKED BY

TREASURY

CHECKED BY

DATE

H. H. H. H.

15/7/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

H.Q. N.S. V-27475

ESTATES BRANCH

16th August, 1945.

Mr. Frederick C. Porter,
Pine Grove P.O.,
Ontario.

PORTER Harold A.B. (Deceased)
No. V-27475 R.C.N.

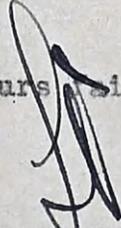
Dear Mr. Porter:

The War Service Gratuity due to your brother has been determined in the amount shown on the attached award form.

Your brother died without having made a will and this amount is therefore distributable in accordance with the intestacy laws of his province of domicile. Accordingly, it is distributable in the proportion of one-seventh to your father and one-seventh to your mother and one-seventh to each of the brothers and sister.

A cheque has been requisitioned from Treasury payable to your order for your one-seventh share and on receipt of same will you kindly sign and return the enclosed form of acknowledgment.

Yours faithfully,


Director of Estates.

ENC:
HLV/MM

NON QUALIFYING SERVICE

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

(%)
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
Ottawa ¹	23 May '42 ¹	13 Sept '42 ⁷	114 ¹

9
30
31
31
13
114

COMPARISON OF SERVICE

AND SERVICE AVAILABLE

DATE OF DISCHARGE

DATE OF RECALL

W.S.G. Application No. 11544¹

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

FILE NO. N.S. V-27415¹

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

(Steven)

<u>PORTER</u> ¹	<u>Harold Steven</u> ¹	<u>V-27415</u> ¹	<u>A.B.</u> ¹
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: dsad. (ottawa)¹

..applicant... molten... A.P. nil... D.A. nil...¹

<u>7 Aug '41 - 6 Aug '42</u>	<u>365</u>
<u>7 Aug '42 - 25</u>	<u>25</u>
<u>sep</u>	<u>13</u>
	<u>403</u>

TOTAL SERVICE

Date of Active Service 7 Aug '41¹

Date of Discharge 13 Sept '42¹

Total No. of Days 403¹

Less non qualifying service nil

Total Days 403¹

OVERSEAS SERVICE

% Total No. of Days 114¹

Less non qualifying service nil

Total Days 114¹

Record of Service in other Forces (per Naval Records)

Branch of Service N

Date of Active Service i

Date of Discharge h

& % Overleaf

Computed By M.J. Venable

Checked By [Signature]

[Signature]
for (H.B. Money)
Payr. Cmdr. R.C.N.R.
Director of Personnel Records

JUL 4 1945

DATE: _____

FOR OVERSEAS SERVICE

608
11.

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

Name of Deceased Member Harold Steven PORTER Rank or Rating A-B O. No. V27475

1. Dependents' Allowance and Assigned Pay in force at date of death:
D.A. —
A.P. —
D.A. —
A.P. —

2. Pension awarded or being awarded to: No record

3. War Service Gratuity Application(s) received from: Mrs Maggie PORTER (mother)
Pine Grove. P.O. Ont

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: Director of Estates In the proportion of: /
- and -

to: In the proportion of: /

() 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 11 July '45

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

113-P-985.

27th October, 1942.

Dear Madam:

With reference to your letter of the 20th of October, 1942, attached hereto for your information is a certificate respecting the death of your son, the late Harold Steven Porter, Ordinary Seaman, Official Number V-27475, Royal Canadian Naval Volunteer Reserve.

There is no record at Naval Service Headquarters of a will for your son.

Yours very truly,



Deputy SECRETARY, NAVAL BOARD.

ea

HEM

Mrs. Maggie Porter,
296 Durie Avenue,
TORONTO, Ont.

CERTIFICATE OF PROGRESS OF BOYS AND ORDINARY SEAMEN

(To be used in conjunction with Form S. 399 Divisional Training Progress Book.)

NAME Harold Steven PORTER	OFFICIAL No. V-27475	Date of Birth 16 Dec. '17
----------------------------------	-----------------------------	----------------------------------

ON LEAVING HARBOUR TRAINING SERVICE

Subject	Ability	REMARKS (percentages obtained, etc.)	Initials of Instructing Officer
*School.....			
Seamanship— Boat work:			
(a) Pulling.....	Good	75%	} Practical Test O.S.P.
(b) Sailing.....	Fair	55%	
Gunnery and Disciplinary Training.....	Good	70%	
Shooting.....			
Swimming—P. P. T.....		Date qualified.....	
Physical and Recreational Training.....			
Culinary Course.....			
Special qualifications.....			
Call Boy.....			
Bugler (Sea Service).....			
Drummer.....			
Special Remarks		2 DAYS ANTI/GAS 2/12/41	
.....			
.....			
.....			

On joining:— Weight..... 145..... Height..... 5'7..... Date 16 June.....

On leaving:— Weight..... 148 1/2..... Height..... 5'6 3/4..... Date 22 Nov.....

* State in remarks column whether G.C.I., II or III, or Advanced Class, or V/S or W/T.

H.M.S. " York " Date 22/11/41 J. Demand Captain.

PROGRESS UNDER TRAINING FOR ABLE SEAMAN

Educational Examinations	Date	Ship	Signature and Rank of Divisional Officer
Passed Educationally	Accelerated Advancement.....		
	For Able Seaman (if G.C. III).....		
	Educational Test I.....		
Rated Ordinary Seaman.....			

SEAMANSHIP	Subject	Boat Work	Anchors and Cables	Compass and Wheel Rule of the Road	Rigging Sheers and Derricks	Sounding Machine, Lead and Line	Bends and Hitches, Blocks and Tackles	Part of Ship Evolutions	Signals	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship	
	Hours		75/100	76/100	77/100	75/100	88/100	79/100			767/1000	15-1-42	<i>W. M. Donald Subtrent</i>
%		75	76	77	75	88	79					<i>R. N. V. P.</i>	
%		----- 76.7 % -----											<i>H. C. E. Waden</i>
GUNNERY	Subject	Field Training	Gun Drill	Stripping	Fire Control	Ammunition	Director and Sighting	Machine Gun		TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship	
	Hours	200/250	160/200	85/125	116/150	65/100	80/100	54/75		760/1000	23-12-41	<i>W. M. Donald Subtrent</i>	
%	200	160	85	116	65	80	54						
%	----- 76.0 % -----												
TORPEDO	Subject	Whitehead	Low Power	High Power	Instruments	Explosives	Paravanes			TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship	
	Hours												
%							79					<i>W. M. Jackson</i>	
%										24-1-42		<i>Lieut. R. N.</i>	
												<i>H. C. E. Waden</i>	

* In the event of failure to pass any examination, the percentage is to be noted in RED, and the word "FAILED" noted.
 † The letters Q.R. III, L.R. III, C.R. III, A.A. 3, S.T., S.D., etc., are to be entered by the Divisional Officer in the case of men so recommended. If not recommended, the word "NO" is to be entered.

Ship	Total Period of Practical Experience as Ord. Seaman in part of Ship	Recommended for Advancement to Able Seaman on (Date)

Recommendation for non-sub. rate †

Divisional Officer's Remarks

Ordinary Seaman (Special Service).

Qualified for advancement to Able Seaman (S.S.)

on.....Date.

.....Commodore

.....Depot.Date.

Rated Able Seaman and Recommendations inserted on History Sheet.

H.M.S.

.....Date

.....Captain.

STATEMENT OF ACCOUNT

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

List 5-2 No. 555 (Name) PORTER, Harold Rank Rating A.B. NoV-27475

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

	\$	c.
CREDIT from former account.....		.02 ✓
Pay as <u>O.Smn.</u> from <u>1 July</u> to <u>6 Aug</u> (<u>37</u> days at \$ <u>1.50</u> a day).....	55.	50 ✓
" <u>A.B.</u> " <u>7 Aug</u> " <u>30 Sep</u> (<u>55</u> " <u>1.85</u> ").....	101.	75 ✓
" <u>L.R.3</u> " <u>1 July</u> " " (<u>92</u> " <u>.10</u> ").....	9.	20 ✓
" <u>H.L.M.</u> " <u>1 July</u> " <u>6 Aug</u> (<u>37</u> " <u>1.10</u>).....	3.	70 ✓
" <u>H.L.M.</u> " <u>7 Aug</u> " <u>13 Sep</u> (<u>38</u> " <u>.13</u> ").....	4.	94 ✓
" <u>G.M.</u> " <u>1 July</u> " " (<u>75</u> " <u>.06</u> ").....	4.	50 ✓
Kit Upkeep Allowance.....		10.00 ✓
OTHER CREDITS:.....		
Total credits.....	189.	61 ✓

DEBT from former account.....

PAYMENTS:—	1st		2nd		3rd		4th		5th		
	\$	c.	\$	c.	\$	c.	\$	c.	\$	c.	
1st month.....			51.00								Total..... 51.00 ✓
2nd month.....											Total.....
3rd month.....											Total.....

Allotment..... Nil

Pension deduction (Officers) charged to..... of.....

Hospital stoppages.....

Mulcts.....

OTHER CHARGES:.....

	Total debits	51.00 ✓
LEDGERS <i>R</i>	Balance Cr. or Dr.	138.61 ✓
<i>F/M</i>	(Balance Dr. to be shown in red)	

*Noted Data (87)
7-7-45 W*

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

H. Wright
PAY LIEUT RCNVR for ACCOUNTANT OFFICER

ACCOUNTS OF MEN DISCHARGED

23

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 Porter, Harold Rating A.B.

Official No. V-27475 H.M.C.S. OTTAWA List 511-555

Who* D.D. on the 13 Sep 1942

Net sum due on ledger on account of Wages.....	\$	138	cts. 61
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>NIL</u> charged to.....			
Name of ship from which transferred <u>HMCS Ottawa</u>			
Total † <u>creditor</u>		138	61

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 and Thirty-eight dollars Sixty-one - - - - - cents.

Dated on board H.M.C.S. AVALON at ST. JOHN'S
Nfld. this thirteenth day of November 19 42

Approved _____ Accountant Officer
A/Pay Lieut, Commander, RCNVR
H. Wright { Initials of the Assistant
Pay Lieut, RCNVR } Accountant Officer

Lieut, Commander, RCN 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.

14

113-P-985.

27th October, 1942.

THIS IS TO CERTIFY that according to official information Harold Steven Porter, Ordinary Seaman, Official Number V-27475, 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.

A. M.

Deputy SECRETARY, NAVAL BOARD.

(Signature)

FMW

AIR MAIL

19th September, 1942. 7

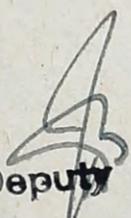
Dear Madam:

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, Harold Steven Porter, Ordinary Seaman, R.C.N.V.R., O.N.V. 27475, 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.

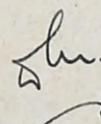
Please allow me to express sincere sympathy with you in your bereavement on behalf of the Minister of National Defence for Naval Services, Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your son has helped to maintain.

Yours sincerely,


Deputy

SECRETARY, NAVAL BOARD.

Mrs. Maggie Porter,
296 Durie Avenue,
TORONTO, Ont.



18th July, 1941

4

From: The Director of Naval Personnel,
Naval Service Headquarters.

To: The Commanding Officer,
Toronto Division, R.C.N.V.R.,
Automotive Building,
Exhibition Grounds,
TORONTO 3, Ont.

The enrolment of the undermentioned ratings in the Toronto Division, R.C.N.V.R., is approved:

<u>NAME</u>	<u>RATING</u>	<u>O.N.</u>	<u>DATE</u>
PHILLIPS, Paul Richard	Stoker II	V.27473	23 June/41
PORTER, Harold Steven	Ord. Snn.	V.27475	16 " "
REDDY, John Fred'k S.	Stoker II	V.27476	23 " "
ROGERS, Stanley S.	Stoker II	V.27478	16 " "
ROWE, Gordon John	Ord. Snn.	V.27479	16 " "

H.T.W. Grant
(H.T.W. Grant)
770 Captain, R.C.N.,
Director of Naval Personnel.

ENTERED IN	
PAY LEDGER N.S.P.Q.	
	15/8/41.
FAIR	<i>Boole</i>
ROUGH	<i>[Signature]</i>

EW

P 85914

NATIONAL DEFENCE

JUL - 6 1941

OCCUPATIONAL HISTORY FORM

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..... **Harold PORTER** (b) Reg'l. No. **V27475**
2. (a) Arm of service..... **Navy** (b) Unit..... **R.C.N.V.R.** (c) Rank..... **Ord. Smn.**
3. (a) Date of birth..... **16 Dec. '17** (b) Have you any dependents?..... **No** (c) Place of residence at time of enlistment..... **Toronto Ont.**
4. (a) Place of enlistment..... **Toronto Ont.** (b) Date of enlistment..... **16 June '41.**

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... **13** (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.)..... **Entrance to High School.**
7. If you attended a university, give name of university and standing or degree secured.....
8. (a) Did you ever enter upon a trade apprenticeship?..... **No** (b) If so, for what occupation?..... (c) Did you finish it?..... (d) If you did not finish it, how long did you serve at it?.....
9. (a) What languages do you speak fluently?..... **English** (b) What languages do you read well?..... **English**

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below)..... **Working** (b) At time of enlistment of what trade union or professional society were you a member?.....

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

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

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

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer..... **Bradshaws Limited** Address..... **375 Symington Ave. Toronto Ont.**
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)..... **Wax paper manfr.**
20. (a) Your specific occupation..... **Asst. Receiver** (b) Number of years' experience at this occupation with any employer..... **6 months**
21. (a) Did your employer promise definitely to give you employment on discharge?..... **Yes** (b) Did your employer refuse to promise you employment on discharge?..... (c) Do you wish to return to your former employment?..... **Yes**

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

22. (a) State nature of business, or professional practice..... (b) Where was it located?.....
23. (a) Number of years engaged in this business..... (b) Have you made, or will you make plans to return to the same or a similar business on discharge?.....

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war?..... **No** (b) Do you feel competent to operate a farm?..... **No** (c) If so, in what kind of farming?.....
25. (a) Were you born on a farm?..... **No** (b) How many years' actual farming experience have you had?..... **Nil** (c) In what provinces did you have experience?.....

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?.....
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.)..... **Nil.**
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form.....



DATE..... **July 3rd** 194**1** SIGNATURE..... **Harold S. Porter**

WILSON J. L. MIDDLETOWN
MATEHICANET

Copy To
VWD
ES

JUL 11 1941